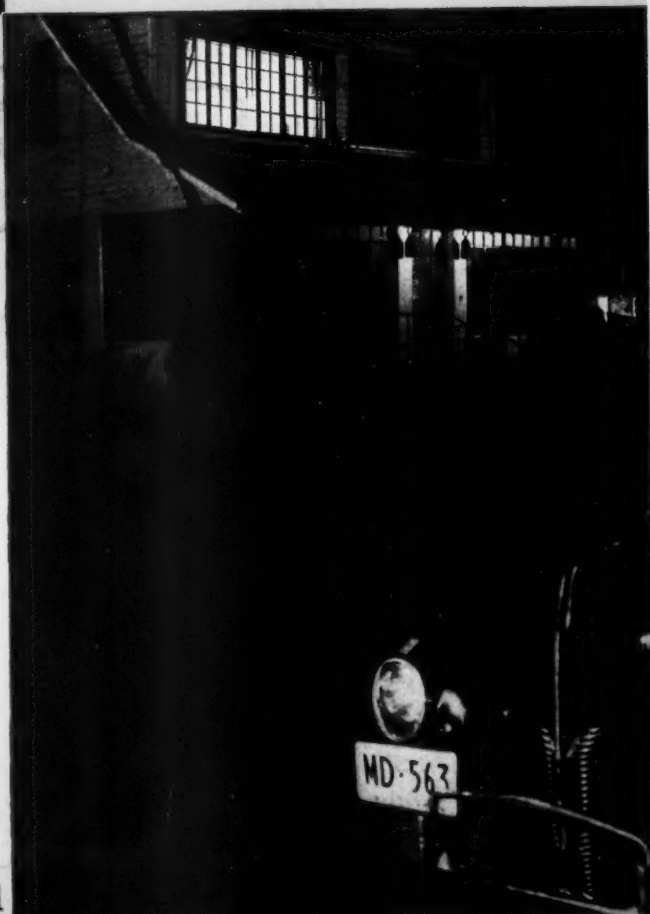




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# Medical Economics



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# Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

MARCH 1941

Cover photograph by Ted F. Leigh, M.D.

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*H. Sheridan Baketel, A.M., M.D., Editor • William Alan Richardson, Managing Editor*  
*Patrick O'Sheel, Associate Editor • F. H. Rowsome Jr., Contributing Editor*  
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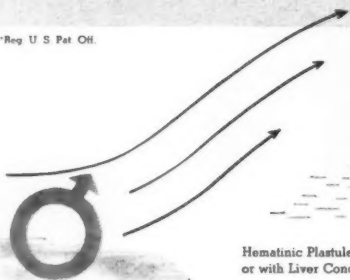
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# speaking frankly

## INTERNES

TO THE EDITORS: I interned in the largest charity hospital in the South, and served on one surgical service. During the two-months service period I was given, as a reward for preparing the patients completely during this time, one opportunity to amputate the distal phalanx of the left little finger. Most of the time I served as second assistant, rarely as first, and frequently was not allowed to scrub at all.

It is my contention that hospitals are guilty of criminal negligence in failing thoroughly to prepare internes for general medicine and surgery. It should be a rule, if not a law, that where internes or residents serve on a surgical service, a certain percentage of the operations should be done by them under the supervision of the chief of the service or his assistant.

Perhaps I was born twenty years too soon. For I have yet to find a competent surgeon who will graciously and willingly impart his surgical knowledge to me at an operation in the role of assistant.

M.D., Louisiana

## LABORATORY

TO THE EDITORS: The model laboratory pictured and described in your February issue is about as complete as one could hope for in so small a space. I would suggest only one major change in design. My experience dictates the wisdom of giving up the niceties of a waste-receptacle storage space. I would convert that entire section into drawer space.

Drawer space is indispensable for

keeping pipettes, test tubes, filter paper, and the large amount of laboratory glassware and related bric-a-brac which would otherwise clutter up the working surface. The waste receptacle could easily go under the center part of the bench without too great sacrifice of comfort to the physician. Much of his work will be done standing anyhow.

Asher Yaguda, M.D.  
Newark, N.J.

TO THE EDITORS: Your model laboratory would benefit, I think, by having anti-splash attachments on the spigots. Without them, the working surface is likely to be wet most of the time. Also, why not add a few hooks on the side wall above the sink for hanging up test-tube brushes?

Manfred Kraemer, M.D.  
Newark, N.J.

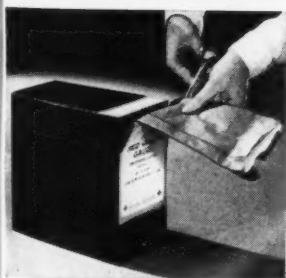
## "UPHEAVAL"

TO THE EDITORS: I have read with a great deal of interest the opinions expressed in recent issues of your magazine on the subject of organizing a section on general practice.

First let me say that I heartily agree with the opinion that it is their own fault if G.P.'s are not properly represented in the profession. They have a 4-to-1 majority, and the vote is free. If their wishes are not recognized they have no one to blame but themselves.

I regard a specialist as a rather incomplete sort of bird. I see him in the same light as an individual who has lost an arm or leg. Usually, I would a whole lot rather refer my

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patients to a partial specialist than to a man who practices the specialty only. Unless the specialist has had at least ten years of active general practice, he just can't know enough to be first rate.

Here in my town we all do general practice, but each of us keeps a specialty as a sideline. Dr. X is a partial specialist in general surgery and urology. Dr. Y makes a specialty of obstetrics. Dr. Z specializes in internal medicine and dermatology, and fits glasses. I myself pay particular attention to goitre and X-ray work.

It would be a mistake to organize a section for G.P.'s and herd into it all of us who are at the fork of the creek, so to speak. Certainly, I would resent it greatly. We are the free-lances of medicine—we do what we please, and what we don't please to do we turn over to the specialist. If you put up a fence and say to us, "Stay in your own pasture," a lot of us just simply ain't gonna do it. It would cramp our style too much.

O. C. Standifer, M.D.  
Elk City, Okla.

TO THE EDITORS: Your efforts on behalf of better representation for G.P.'s are both timely and to the point. After all, for the perfect practice of medicine the general practitioner is essential.

Human nature being what it is, few people seek medical advice while they seem (to themselves) to be healthy. The first symptom of malfunction of an organ, however, often sends them to a specialist. It would be far better for the patient if he put himself under the care of a general practitioner for a thorough check-up and discussion as to any necessary consultations.

Specialists should consider themselves as being instruments for the use of the general practitioner in caring for his patients, and should decline to examine and treat any patient not referred by a general prac-

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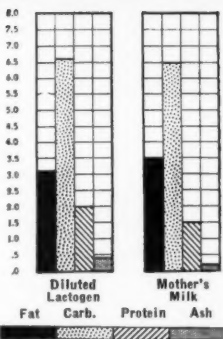
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tioner. Specialists say they object to this plan because many of their patients come through recommendations of laymen. But a general practitioner normally refers the patient to the specialist of his (the patient's) choice anyhow. When he gets the chance, that is.

Furthermore, recent graduates—especially after one or two hospital services—are so well grounded that they know their limitations and can recognize the need for consultation and specialized skill to help them out. Certainly the older practitioners welcome and seek consultations when available.

I do not believe that carrying out this idea would lessen the work of the specialist. But it would, it seems to me, elevate and dignify the position of the family physician. If general practitioners found that a specialist was referring to them patients who had no family physicians, they would be likely to call in such a specialist to help whenever his skill was needed. On the other hand, if the general practitioners knew that a certain specialist accepted for treatment patients who did not have family physicians, they could show their disapproval by directing referrals elsewhere.

John J. Nutt, M.D.  
New York City

### S.O.S.

TO THE EDITORS: I need help. Perhaps a colleague will read this and give me the benefit of his experience in solving similar problems:

1. What financial arrangements may ethically be made between a physician who must temporarily give up practice because of illness, and the man who substitutes for him?

2. How may such a contract be made to cover the eventuality of the substitute's continuing on as assistant after this illness?

3. Suppose the first doctor dies.

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Another factor in favor of grapefruit is its economy in relation to its high vitamin content. Fresh grapefruit is one of the cheapest sources of the daily requirement of Vitamin C, while canned grapefruit juice is *the cheapest source of all*, with the sole exception of cabbage in large quantities.

Grapefruit can be administered in satisfactorily large quantities because of its high toleration, and its non-appetite-cloying qualities.

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leaving the practice to the substitute. What per cent of income, over what period of time, should be paid to the deceased's dependents?

M.D., Missouri

[To make more widely available sound advice on the problems outlined, MEDICAL ECONOMICS offers a standard hypodermic outfit or twin thermometer set to any physician who submits for publication an acceptable letter containing practical answers to these questions. All communications, whether or not published, will of course be forwarded to the author of the above letter.—THE EDITORS]

## PANACEA?

TO THE EDITORS: For the underdogs among doctors and the sick among the underprivileged, I offer a solution:

The country can be divided into

sections. In each, the government can build a hospice, under the management of two or more physicians. They would volunteer for this service and be on government salaries. Twenty-four hundred dollars a year will call qualified men. Their duties would be to examine anyone who applies. No charge would be made for any service. Treatment would be limited to ambulatory cases; preventive medicine, such as the administration of sera, vaccinations, etc.; first aid in accidents; advice on sanitation and hygiene; and other services which would not involve attendance at the patient's home or a hospital.

The examinations would reveal many diseases in their incipient stages. The patient would then go to the doctor of his choice—provided he had the money—for treatment. Doctors in private practice would benefit by having patients call who would not otherwise seek treatment.

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designated a Surgeon General. The medical men would be organized on the lines of the U.S. Army Medical Corps. Any doctor who found it disagreeable to be regimented could resign and return to private practice.

Herbert B. Wentz, M.D.  
Elkins, Ark.

## PNEUMATOLOGY

TO THE EDITORS: The movement to prevent asphyxial deaths has, in the last ten years, made the medical profession what you might call "asphyxia-conscious." Because vital statistics showed that the death rate from all causes of asphyxia was amounting to at least 50,000 deaths a year, the Society for the Prevention of Asphyxial Death, Inc., was formed in 1933. In publicity released by this group since then, the economic loss from asphyxial deaths has been pointed out repeatedly. Those who die are usually drawn from active life. Those successfully treated return soon afterward to work. Their economic value to their families is at a peak.

It is clear that asphyxial death and resuscitation are major medical problems. Their significance equals, if not surpasses, the field of anesthesia. The latter has been used consistently as a stepping stone for higher things in medicine. In recent years, however, new anesthetic agents and the added complexity of equipment suggests the need for a more serious attitude on the part of the profession and closer supervision of the technique of administration.

In spite of advances, anesthesia is likely to remain as it began—a branch of surgery. The technician continues in it simply because not enough physicians can, or care to, be trained to fill his job. Consider the physician-anesthetist. His knowledge and skill are continually subordinated to unimportant issues. He is expected to "take it" in return for his fee. And yet his medical training is often superior to the surgeon whom he assists. [Turn the page]

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As a *pneumatologist*, the general practitioner may direct a technician in anesthesia, resuscitation, and oxygen therapy. He is already familiar with the unconscious patient. He understands the behavior of gases. He is an internist, a pharmacologist, and psychologist. He is fully qualified for pneumatology, and can readily organize, control, and direct such a department in the institution in which he functions.

Furthermore, medical fees have not been associated with resuscitation and oxygen therapy. Police and fire departments have provided these services free. But medical service for such treatments should be available and should be paid for. It should be covered by hospital administrations and municipalities just as laboratory and X-ray services are. How much are we willing to invest to save half a billion dollars a year?

Paul J. Flagg, M.D., president  
Society for the Prevention  
of Asphyxial Death, Inc.  
New York, N.Y.

## COOPERATION

TO THE EDITORS: During many years of practice, I have been able to remain on friendly terms with all the druggists in my area by printing and paying for my own prescription blanks. To help defray this expense, I ask each pharmacist for a contribution of 50 cents.

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message are the names, addresses, and phone numbers of the reputable pharmacies of the locality.

M.D., California

## LETTERS

TO THE EDITORS: Your "Letters to a Doctor's Secretary" impel me to write. I work in the small-town office of a surgeon and an obstetrician-pediatrician.

We have a bookkeeper-secretary and an office girl, with myself as technician and assistant to both physicians. I get in at 8. When the others report at noon, I lunch until 1:30, then work until 6. Two nights a week, I stay until 9:30. Whenever there is special X-ray or physiotherapy work, I must stay until 10 or 11. Even with Wednesday afternoons off, I work upwards of fifty or fifty-two hours a week.

For this, I get \$18 a week, plus a two-weeks vacation with *one* week's

pay. Now is this a fair wage scale? What do doctors and assistants think? I say it's not, and for this reason only: I feel that a union for assistants would be a fine thing. Doctors never appreciate what we do. They say if we don't want to do extra work, someone else will train just as well. Who will risk losing a job to an untrained high school girl?

Could I ask \$25 a week for doing blood sugars, urines, assisting with T&A's, X-rays, minor operations, accident care, etc., etc.? No. Can I get two weeks' vacation *with* pay? During three years, I "suggested" it once! I've still to get it.

How would Myrna Chase like, on one of my typical mornings, to run a blood sugar and a sugar tolerance, develop some X-rays, care for a mashed finger or cut eye, answer the phone continuously, take a few dictaphone letters, do three or four diathermies, and, in between, put up medicines

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**SUPERTAH OINTMENT**

*SUPERTAH Ointment is a white non-staining ointment prepared from a crude coal tar concentrate, uniformly milled in proper proportions to equal either a 5% or 10% crude tar ointment.*



"It has proven as valuable as the black coal tar preparation, and the advantage of the diminution of the black color is perfectly obvious."\*

SUPERTAH Ointment "does not stain the skin or clothing, nor does it burn or irritate the skin. We have seen no pustulation following its application. It can remain on the skin indefinitely without fear of dermatitis."\*

Prescribe SUPERTAH Ointment in original 2-oz. jars, either 5% or 10% strength. Free samples on request.

\*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases", p. 66.

**TAILBY-NASON COMPANY**

**Kendall Square Station**

**Boston, Massachusetts**

# The Torpid Bowel of Pregnancy



CONSTIPATION, bowel sluggishness — particularly during pregnancy—contraindicates the use of harsh or violent measures of treatment.

Therefore why not prescribe

## MUCILOSE (STEARNS)

which favors normal peristalsis and does not exercise a purging or irritating action?

Mucilose offers a hemicellulose (vegetable gum) prepared by a special process from the

plantago loeflingii. It holds ingested water in the feces, thereby producing a normal, plastic, easily-passed stool.

**NOTE:** Mucilose—available either in flakes or granules—in no way interferes with *vitamin nutrition*.

For relief of colic or spasm  
**CYVERINE  
HYDROCHLORIDE**

Relaxes smooth muscle  
Inhibits peristalsis  
An effective anti-spasmodic

### FREDERICK STEARNS & COMPANY • DETROIT, MICHIGAN

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FREDERICK STEARNS & COMPANY  
Detroit, Michigan — Dept. M.E. 3

Please send me a clinical supply of

Mucilose Granules ☐

Cyverine ☐

Name \_\_\_\_\_ M. D.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Now,  
PROLONGED  
SUPRARENALIN ACTION  
for more lasting relief**

Suprarenalin-Gelatin Mixture must be liquefied before use. This may easily be done by covering the vial with some of the boiled "syringe water." Keep syringe warm, in remainder of the water. Literature on request.



**S**UPRARENALIN-GELATIN Armour has been developed to achieve a more enduring suprarenalin effect in relieving asthmatic attacks. Administered subcutaneously, it is absorbed slowly, and the period of influence is thus lengthened.

Patients requiring Suprarenalin Solution injections every two to five hours, day and night, often get along quite well with 1 cc. of Suprarenalin-Gelatin in the morning and another at night. One injection before retiring frequently affords the asthmatic an uninterrupted night of rest. An advantage of Suprarenalin-Gelatin is its non-antigenicity.

**SUPRARENALIN-GELATIN  
(ARMOUR)**

*The Armour  
Laboratories*

Chicago, Illinois

HEADQUARTERS FOR MEDICALS  
OF ANIMAL ORIGIN

and gloves and care for office equipment?

My work, much as there is of it, is interesting and relaxing. But after all, I'm a graduate X-ray and laboratory technician, and have had nine months of nursing. I'm not dumb. I make few mistakes, and take a large routine burden from both doctors' shoulders. Now why, after three long years, haven't I been raised to a decent salary?

You feel like working when things seem to be appreciated. If our bosses realized this, they could improve staff efficiency. I *do* want to know what a just wage is, and what doctors and other technicians think should be paid for fifty hours of hard work per week.

M.D.'s Assistant, Ohio

### OBSTETRICIANS

TO THE EDITORS: There are many physicians posing as specialists in obstetrics who are really second- or third-rate pediatricians. These gentlemen engage in contract practice with their patients and, after delivery of a baby, continue to care for it—in most cases without charge—for anywhere from six months to a year.

An obstetrician who engages in contract practice treated an infant of seven months by telephone for a "chest cold." After several days of this, I was called in and found that the child had severe bronchial pneumonia. Another infant of five months, delivered by the same physician and also treated by telephone, had, when I examined it, a severe upper respiratory infection, bilateral otitis media, and a rather severe generalized eczema.

Real preventive pediatrics practice is not and can not be conducted under the conditions described. Usually, the baby is weighed, a stereotyped diet is given, and the patient is told to go home. Sensible mothers realize the inadequacy of such practice, and

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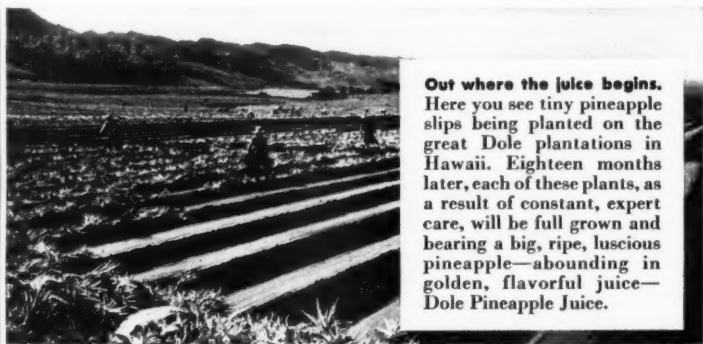
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## Just what the doctor ordered



**A tall, cool glass of Dole Pineapple Juice has what the convalescent likes and needs. In addition to being delicious and refreshing, it is easily assimilated, high in quickly-available food**

**energy, a good source of Vitamins B and C, and contains A. And this is important—there is no sugar added to Dole Pineapple Juice. It is just the pure juice of fully sun-ripened pineapples.**



### Out where the juice begins.

Here you see tiny pineapple slips being planted on the great Dole plantations in Hawaii. Eighteen months later, each of these plants, as a result of constant, expert care, will be full grown and bearing a big, ripe, luscious pineapple—abounding in golden, flavorful juice—Dole Pineapple Juice.



**DOLE pineapple juice from Hawaii, U.S.A.**





**To Relieve this  
Arthritic Pain  
TOLYSIN  
TOLYSIN plus  
PHENACETIN**

Physicians throughout this country use Tolysin and Tolysin Plus Phenacetin as their first step in the treatment of gout, osteoarthritis, sciatica, neuritis, neuralgias, and allied conditions.

Tolysin Plus Phenacetin is especially useful in the large number of cases where immediate relief is uppermost in the patient's mind.

Each Tolysin tablet contains the ethyl ester of 6-methyl-2-phenylquinoline-4-carboxylic acid (neocinchophen U.S.P. XI) grains 5.

Each Tolysin Plus Phenacetin tablet contains Tolysin grains  $3\frac{1}{2}$  and Phenacetin (acetophenetidin, U.S.P. XI) grains  $1\frac{1}{2}$ .

*Pharmaceutical Department*

**CALCO CHEMICAL DIVISION  
AMERICAN CYANAMID COMPANY**

SOUND BROOK



NEW JERSEY

consult an accredited pediatrician.

I feel that time and experience will show that contract practice acts as a boomerang. For my own part, when I refer patients to obstetricians, I always make sure that the obstetrician practices his own specialty and leaves pediatrics to accredited men who have specialized in that field.

Harry Wexler, M.D.  
Brooklyn, N.Y.

**IDEA**

TO THE EDITORS: Here is an idea from the Oklahoma County Medical Association Bulletin that I think has great possibilities:

"Much medical equipment that the average doctor is obliged to buy is only occasionally used. In addition, such equipment is often difficult to replace quickly if found out of order at a time when most urgently needed. At such a time the only alternative is to borrow from a colleague.

"In this modern day one can rent a baby carriage or an automobile, yet medical equipment is one item that seems unavailable through the medium of renting. One either has to buy, borrow, or go without. Why is it not possible that, through some medium, medical equipment could be rented? Surgical supply houses, hospitals, or groups of doctors doing the same type of practice could provide such equipment to be rented for short periods of use.

"It would solve a real difficulty that every doctor has to contend with at some time."

What do your readers think of this idea?

M.D., Illinois



**Pictures In This Issue**

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Insko—p. 74

Acme—p. 75

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THERE is a type of KONDREMUL (Patch) to meet the individual needs of your patients.

# KONDREMUL

**Plain**—provides soft bulk.

**with Extract of Cascara**—where mild tonic laxative is needed.

**with Phenolphthalein**—beginning treatment for obstinate cases.

Kondremul is emulsified by a special process in a tough film of chondrus crispus (Irish Moss). Therefore, an unusual degree of protection is offered against breakdown, leakage, enzymic action in the alimentary tract.

Prescribe Kondremul for clinical effectiveness in corrective bowel hygiene.

**THE E. L. PATCH COMPANY**  
BOSTON MASS.

THE E. L. PATCH COMPANY  
Stoneham P.O.  
Boston, Mass.

Dept. M.E. 3

Gentlemen: Please send me copy of booklet "Bowel Hygiene in Rectal Diseases" and clinical trial bottle of

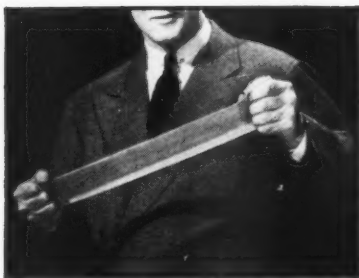
KONDREMUL (Plain)

KONDREMUL (with Non-bitter Extract of Cascara)

KONDREMUL (with Phenolphthalein)

(Mark Preference)

# Now combined in one *Elastic* bandage:



Stretches to more than twice its length! *TENSOR Elastic Bandage* has uniform high tension . . . so flexible, it can be applied to any part of body.



Comes in attractive beige color. *TENSOR Elastic Bandage* is not conspicuous under woman's stockings.

1. *Great tension of woven bandage . . .*
2. *Lightweight and comfort of crepe type*

Great stretch and uniform tension... comfort and lightness! You and your patient will find them both in *TENSOR Elastic Bandage*. For here in this modern elastic bandage are all the important features of crepe and woven bandages—without any of their disadvantages.

Comfortable, lightweight *TENSOR* has the desired tension range and flexibility for treatment of any part of the body where support, pressure, or passive massage is helpful. Economical, *TENSOR* retains its stretch after repeated launderings.

Discover now the many advantages *Bauer & Black TENSOR Elastic Bandage* has to offer. Next time, specify *TENSOR* and see for yourself!



## Tensor *Elastic* Bandage

BAUER & BLACK—DIVISION OF THE KENDALL COMPANY

# *What therapeutic aims in hemorrhoids?*


- ① Anesthesia of the exposed nerves.
- ② Hemostasis of the bleeding veins.
- ③ Decongestion of the varicosities.

Physicians meet these indications with RECTAL MEDICONE, plus regulation of the patient's habits to secure subsidence and quiescence of the process.

RECTAL MEDICONE contains 5% Anesthesin to effect prompt relief from pain. It is fortified with Ephedrine Hydrochloride to stop the bleeding and modern anti-hemorrhoidal agents required to secure retrogression and resolution.

The wide and constantly growing employment of RECTAL MEDICONE attests most eloquently to the foremost place which it has attained in its field.

**MEDICONE COMPANY**  
225 VARICK STREET, NEW YORK



**STOPS HEMORRHOIDAL  
PAIN WITHIN 5 MINUTES**

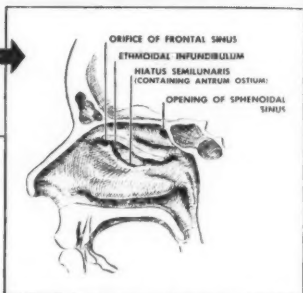
**RECTAL MEDICONE**

# IN HEAD COLDS

## ARGYROL TAMPONADE



The tampon is placed well up in the vault of the nose, and a particular effort is made to cover the infundibular area in the anterior superior portion of the cavity.\*



Both Dowling and Haseltine have emphasized the importance of the anatomical configuration of the nasal cavities, and the location of the sinus orifices in placing the ARGYROL nasal tampon. Above, the middle turbinate has been removed to show these openings.

Physicians the world over have found ARGYROL tamponade to be a most effective office procedure for relieving the distress and hastening recovery from coryza. In addition, many men prefer to simultaneously instil a drop of ARGYROL into each conjunctival sac and to thoroughly swab the throat with ARGYROL solution—thus completing a “three point” attack on the invading organisms. But the importance of employing *genuine* ARGYROL in all these procedures should be borne in

mind. For ARGYROL'S unique combination of chemical, physical, bacteriostatic, detergent and inflammation dispelling properties has never been duplicated. No other silver protein has so fine a colloidal dispersion, nor so active a Brownian movement. Now the new ARGYROL packaging insures freshness, accuracy and purity in every solution. For these reasons it is essential to specify the “ORIGINAL ARGYROL PACKAGE” when ordering or prescribing.



\*An illustrated reprint completely describing this procedure will be sent upon request.

INSURE YOUR RESULTS... SPECIFY THE  
**ORIGINAL ARGYROL PACKAGE**

A. C. BARNES COMPANY

NEW BRUNSWICK, N. J.

FOR 38 YEARS SOLE MAKERS OF ARGYROL AND OVOFERRIN

“ARGYROL” is a registered trade mark, the property of A. C. Barnes Company

# SIDE LIGHTS



The powerful stimulus being given to industrial medicine by the defense program is becoming more apparent each week. Evidence points to a growing scarcity of properly qualified physicians to staff the nation's humming defense plants.

Word emanating from A.M.A. headquarters just last month indicates that the services of an additional 5,000 trained industrial physicians will probably be needed in the not-distant future.

As revealed in the series of articles on "Opportunities in Industry," concluded in MEDICAL ECONOMICS last month, there are at present only about 2,000 full-time industrial physicians in the United States. The number of part-time men is estimated at 7,000.

Clearly, the young doctor casting about for an active field in which to practice can not afford to overlook industrial medicine.



The pox-like spread of crooked collection agencies is painfully evident in the records of the Attorney-General of Massachusetts.

Six years ago, there were more than 450 collection agencies in his State, doing an annual gross business of \$50,000,000. Upon investigation, 81 per cent of these agencies were discovered to be fraudulent or illegal. Result: 404 of the 450 agencies have been closed by court order or otherwise persuaded to move on to new pastures outside the State.

The majority of the closed agencies were of the kind which makes no real effort to collect debts, but is content, instead, with extracting a

miscellany of trumped up "costs" and "charges" from the debtor. A favored technique was to trick the debtor into signing a chattel mortgage on his furniture by persuading him to believe that he was merely contracting to pay his debt in small instalments.

Thus, physicians are reminded once more that while legitimate collection agencies are a valuable economic instrument, racketeers can slip into this or any other business.



A doctor who turns over his practice to a colleague when leaving for military service is often faced by a tenuous legal point. Apparently, in a number of States, if he sends his patients to a substitute, he is assumed to have designated the substitute as his agent and is thereupon legally liable for the substitute's professional actions.

Thus, the practitioner is said to be courting trouble if he tells the patient to "Go to Dr. Smith. He is taking my place." All is well, however, if he says, simply, "I recommend Dr. Smith."

This is a characteristic legal point—the kind on which lawyers love to whet their minds. Yet physicians departing for the medical corps may benefit by remembering it.



Not long ago, a physician in an Eastern State was summoned by the Government to appear in answer to a narcotics charge. It seems that, like many other doctors in his area, he had been in the habit of dispensing medicines and had had under treat-

ment a patient with a chronic, painful illness which, he felt, justified small, oral doses of morphine over a long period of time. He had dispensed the morphine himself and charged the patient; with the result that, in time, it came to the attention of the Treasury Department that he was "selling" narcotics.

The culprit insisted that he had acted in good faith. But since there was no way of proving that the patient was not an addict, he suffered an embarrassing couple of weeks and even a certain amount of damaging publicity.

The moral would appear to be that no matter what else a physician dispenses, he should avoid dispensing opiates in quantity. Let him, instead, give the patient a prescription and instruct him to have it filled at a drug store. In that way, if any question ever arises, his openness will be good evidence of his innocence



The prescription "take up a hobby," so valuable as therapeutic advice, has the implication that hobbies, like winter overcoats, can be assumed as needed. Still—it is evident that many persons can select a hobby and then proceed to become interested in it. Somewhat as in a *mariage de convenance*, the practical aspects come first and love comes after.

For the benefit of these disciplined souls, and for those who find it bene-

ficial to encourage hobbies among patients, we append a few standards for a really satisfactory hobby.

1. Always pick a subject in which you have a nubbin of real interest. Sometimes it's a good scheme to think back over boyhood enthusiasms for clues to your native interests. Don't fix upon a hobby purely for educational, social, or profitable values.

2. Choose something which will afford as drastic a contrast as possible with your ordinary routine. Hobbies related to your work are easy to become interested in; but for real recreational value select something in a totally different field.

3. Hold the check-rein of your hobby-horse with the lightest possible touch. Big subjects like photography or music usually pay off in absorbed pleasure only when special enthusiasms or skills are allowed to take control. And don't hesitate to indulge in a goofy hobby if you have the impulse. Dave Elman, entrepreneur of the radio program *Hobby Lobby*, reports that the goofier the hobby, the happier its possessor. For example, of goofy hobbies, consider the gentleman from Massachusetts who collects bustles, the Midwestern dentist who collects hairpins worn by famous women, and the retired professional man in New York who buys and sells unusual bugs.

4. If you pick a seasonal activity, say, duck-hunting or dahlia-raising,

## IT'S YOUR OWN FAULT IF INCOME TAX TIME IS HEADACHE TIME

But you can start right now on the one system that is so simple a ten year old child can keep it accurately and never, never again have a worry or a headache about your records. Figures and facts will be available instantly every day, week, month and year. The cost? The price of a hat (man's). No obligation whatsoever for complete details.

PROFESSIONAL PRINTING COMPANY, Inc., 15 E. 22nd St., N. Y. C.  
AMERICA'S LARGEST PRINTERS TO THE PROFESSIONS

# New protein research indicates the value of this natural wheat cereal for expectant and nursing mothers

**T**HERE'S no gainsaying the fact that in pregnancy and lactation, Nature issues the command "Children first!" And the mother's body is robbed to meet the demands of her child if her diet does not have the values needed to provide for both.

For such patients, a greater-than-ordinary supply of the 10 amino acids essential for maintenance and repair of body cells is now required, first to support the growth of the fetus—and later to replace the mother's loss of protein through lactation.

## Wheatena—a source of all 10 essential amino acids

Many foods supply *some* of the 10 essential amino acids but comparatively few foods have been proved to supply *all* 10. Recent scientific tests (both quantitative analyses and feeding experiments) conducted by a leading authority on proteins, have shown that *Wheatena contains all 10 essential amino acids*. They are present in significant amounts and in biologically available form. Wheatena supplies complete protein.

## A brown natural wheat hot cereal

Wheatena is a hot cereal made from whole grains of wheat—with nothing added and nothing taken away except the glassy outer coating.

The carbohydrates in Wheatena exercise a "protein-sparing" action so that Wheatena's proteins can be



economically utilized for cell-building.

## Wheatena supplements milk proteins

No doubt you include additional milk to fortify your patients' diets. The relative proportions of the 10 essential amino acids as present in milk and Wheatena are such that the combination gives a particularly well-balanced protein content.

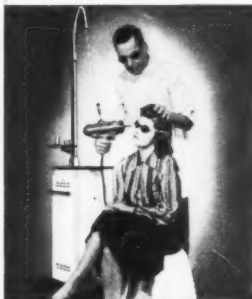
2435 doctors recently answered this question: "Which cereal do you consider better from a nutritional standpoint—oats or wheat?" "Wheat," said 68% of the doctors who replied. When asked to specify the *type* of wheat cereal, 74% said "brown wheat cereal."



## The Natural Wheat Hot Cereal

## Entirely NEW — the HANOVIA AIR-COOLED Ultraviolet Aero-Kromayer Lamp

Especially designed for local application of ultraviolet irradiation. The indications are numerous particularly in ear, nose and throat work, skin treatment and surgery.



### Features of the New HANOVIA AERO-KROMAYER

Burner housing COOLED BY AIR instead of water, using new principle of aero-dynamics.

•  
No kinking of water tubes.

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No water stoppage, no overheating, no necessity for cleaning of water system.

•  
Self-lighting burner.

•  
Higher Intensity.

•  
More concentrated light source.

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More ultraviolet through applicators.

•  
Burner operates in every position.

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Constant ultraviolet output.

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Same spectrum as Alpine Lamp.

•  
Automatic Full-Intensity Indicator.  
Write for detailed information about this wonderful new Aero-Kromayer.

Dealer and factory representatives everywhere.

**Hanovia Chemical & Mfg. Co.**

Dept. ME-1

NEWARK, N. J.

try to develop supplemental hobbies which will cover the rest of the year. Examples in these cases might be sport and hydroponics, respectively.

5. Don't fret about the expense. If your hobby affords real pleasure and relaxation, it's worth a little expense. Furthermore, only the unimaginative find it necessary to foster their interest by buying costly equipment. One of the most fascinating aspects of a well-chosen hobby is the enjoyment to be derived from using home-made equipment or tools.

6. If you find that your hobby isn't engrossing enough to occupy a good deal of your spare time, drop it for one which is. For only when an activity can lift you out of the workaday world is it truly worth its salt.



"The availability of adequate medical care" is a mouth-filling phrase that's hard to talk about. At least it's hard for the physician to talk about because of his natural preference for tangible, clearly definable concepts.

Take that first word—"available" for instance. When is medical care available?

Thinking in common-sense terms, most of us would say that it's available when a good doctor can reach a patient in time to save life, relieve pain, or prevent a complication. With a nationwide network of hard-surfaced roads and with an increasing tendency among State, county, and municipal institutions to whizz their ambulances to any corner of their jurisdiction, few Americans today are remote from medical care.

Some of our economists would, of course, have the public believe that "available care" means having a doctor on every block. The pin-studded maps of these gentry show large and numerous areas from coast to coast where there are neither doctors nor hospitals. That many of these areas are deserts, forests, or unpopulated acreage doesn't appear from the



## THE NICKEL BANK

*Goes on a*

# DIET

The old nickel bank finds itself on short rations. No longer is it necessary for the anxious parent to combine thrift with bribery when the child requires an aid in relieving the costiveness frequently occurring in children.

Loraga has succeeded in meeting the needs of the situation. A plain mineral oil emulsion, without any added laxative ingredients, Loraga has achieved a palatability and freedom from oiliness that even the most exacting taste will accept without remonstrance.

For children and for adults who need the gentle aid to evacuation that a fine, plain mineral oil emulsion offers, Loraga makes available a preparation that has earned favorable professional recognition because of therapeutic merit. A note on your letter-head will bring you a liberal trial quantity of Loraga. Available in 16-ounce bottles.

# LORAGA

WILLIAM R. WARNER & CO., INC.  
113 West 18th Street New York City

# STOP!

By slowing down excessive capillary bleeding, the coagulant effect of

## CEANOETHYN

is proving a valuable aid to the clinician in such conditions as:

Menorrhagia	Metrorrhagia
Epistaxis	Hematemesis
Hemoptysis	Postoperative Bleeding

Ceanoethyn is non-toxic, orally administered.

**FLINT, EATON & COMPANY**  
DECATUR ILLINOIS

maps. Yet these the critics want covered with pin-heads like comedones on a nose.

Next time anyone spouts about "availability," therefore, let him be held down to a clear definition and asked for a bill of particulars.

It may well be remembered that there are proportionately fewer physicians in the country today than there were thirty years ago. Yet medical care is certainly more "available" in 1941 than it was in 1911. The reason is simply that modern transportation has given the doctor wider geographical scope.



Those who would sound the tocsin for a new order in medicine point accusing fingers at the present "high cost of medical care." A continuous stream of propaganda pours out upon the public, citing the "titanic" expenditures necessitated, under our present system, for medical attention,

**PROTECT Babies**  
From SERIOUS FALLS



GUARD AGAINST THIS Use **BABEE-TENDA** Safety Chair

For generations high chairs have tipped over causing serious or fatal accidents. The BABEE-TENDA Safety Chair (patented) eliminates this hazard. IT IS LOW and can't be tipped or pushed over like a high chair. A Safety Halter Strap positively prevents babies from climbing out. Folds compactly for traveling, can be used outdoors. Is highly endorsed by Pediatricians because it PROTECTS babies from injuries. Sold only direct to consumers.

• NOT SOLD IN STORES •

Write for Circulars and Prices

**THE FORT MASSAC CHAIR CO.**  
503 Finance Bldg. Cleveland, Ohio



Normal rhythmic peristalsis—the goal in constipation management—is accomplished by furnishing the “Smoothage” factor, as supplied in the new Metamucil-2.

Without the irritation produced by roughage and chemical laxatives, Metamucil-2 encourages the normal reflex peristalsis which results from bland, flexible bulk.

## METAMUCIL-2

MIXES INSTANTLY . . .

IS PLEASANT TO TAKE

Added to water, Metamucil-2 forms a bland, inert, homogeneous suspension, which is unusually palatable.

Let us send you a sample of the New Metamucil-2 for clinical trial.

**G. D. Searle & Co.**

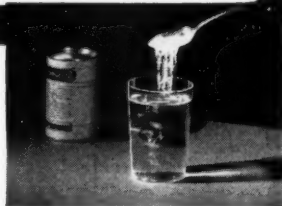
Ethical Pharmaceuticals Since 1888

CHICAGO

New York

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nursing care, laboratory work, drugs, and hospitalization.

Naturally the cost is great. Medical care for 132,000,000 people can't be bought with buttons. Every doctor admits it.

Yet how about the billions saved by not having to fight epidemics which medical science has annihilated? How about the billions saved in man-power made healthy enough—and kept healthy enough—to work?

Yes: How about it?

If these factors were given their due weight and stacked up against the dollars-and-cents cost of medical care today, it would be evident that the people of the United States are getting medical care literally at bargain rates. It might also be concluded that perhaps certain of the apostles of change are more interested in grinding axes with which to hack out niches for themselves in a new bureaucracy than they are in spreading the truth, the whole truth, and nothing but the truth—so help them.



"Chief complaint," the traditional gambit to the medical record, is often filtered through a scientific funnel.

"I'm dizzy and I walk like drunk"

becomes "vertigo and unsteady gait" on the record. And such lay complaints as "my mind works on me" becomes "obsessions" or perhaps "lack of concentration."

Fortunately, however, more and more physicians are now writing a verbatim transcript of the patient's actual words. If he says "it catches me in the throat," then "it catches me in the throat" is solemnly entered on the history card. This is done not so much to make the record picturesque as to make it accurate. It freezes onto paper exactly how the complaint looked to the patient.

As the condition progresses, the M.D. can turn back to "chief complaint" and point out how it has improved. After all, it's the patient's subjective assay of how he feels that determines his satisfaction with medical treatment.

A verbatim record of the patient's own words has other advantages, too. It makes the work of the substitute or locum tenens easier when he's unfamiliar with the patient. And if the doctor has to testify in court, it averts titters from the jury when the physician quotes an illiterate patient as giving "vertigo" and "insomnia" as his complaints.

## Have you CHANGED your ADDRESS?

(3)

To insure uninterrupted delivery of your copies of **MEDICAL ECONOMICS** in the event that you have changed your address recently, please fill out, detach, and mail this coupon to Medical Economics, Inc., Rutherford, N.J.

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UNITED DRUG COMPANY AND YOUR REXALL DRUGGIST  
YOUR PARTNERS IN HEALTH SERVICE



Now, UDI-GLOBIN gives you  
new, clinically-tested formula for increasing  
blood count in anemias

Scientists of the Department of Research and Technology in one of America's finest and most modern laboratories have developed UDI-GLOBIN to give you a more effective means of generating red blood cells in cases of simple and nutritional anemias, chlorosis and anemias in which iron is deficient. It is particularly valuable for patients suffering from loss of blood through hemorrhages or convalescing from surgical operations or other serious illnesses. UDI-GLOBIN has had a long period of clinical tests in which many records of resulting increased blood count and body weight are conclusive evidence of its efficacy.

Each ounce of UDI-GLOBIN'S well-balanced formula contains about 8 grains iron and ammonium citrates;  $\frac{1}{2}$  grain manganese citrate, soluble;  $43\frac{3}{4}$  grains bone marrow ext., red;  $5\frac{1}{2}$  grains liver concentrate (ratio to fresh liver 1:20); 144 minims malt extract syrup; 90 International units vitamin B; 30 Sherman units vitamin C—all in a palatable cherry wine base.

UDI-GLOBIN is intended solely for physicians' prescriptions and is available, in liquid or tablet form, only at Rexall Drug Stores. Liggett and Owl Stores are also Rexall Stores. For the safety, comfort and economy of your patients, specify U. D. products at their convenient, neighborhood Rexall Drug Stores.

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## For MUSCULAR ACHES and STIFFNESS RECOMMEND ABSORBINE Jr.

**I**T IS OFTEN DESIRABLE, when exercise or strain leave muscles in a painful condition, to stimulate an abundant flow of blood through the affected muscle tissues. Expulsion of lingering "fatigue products," notably lactic acid, eases the discomfort, while, concurrently, the added blood supply aids in regeneration of muscular energy.

For patients seeking such relief, Absorbine Jr. has proved to be a most welcome suggestion. Laboratory demonstrations have shown that Absorbine Jr.,

without causing stasis, acts to increase the velocity of blood flow not only in the peripheral areas, but in the deeper vessels as well. And removal of the organic acids responsible for pain and swelling is expedited.

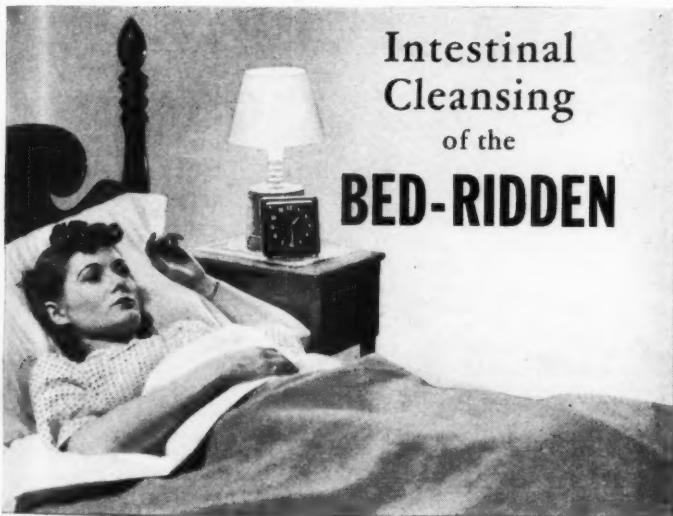
Because there are no strong irritants in Absorbine Jr., application is unaccompanied by any painful burning.

A complimentary professional-size bottle of Absorbine Jr. will be sent to physicians at their request. Please use professional letterhead.

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**T**HE problem of treating constipation in the bed-ridden and convalescent is simplified by Sal Hepatica. *Liquid bulk* (Sal Hepatica plus water) in the intestinal tract lubricates and flushes the bowels ... and gently stimulates peristalsis. Lack of exercise in these patients, therefore, need not result in a sluggish colon.

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# How to control Diarrhea with Wyeth's KAOMAGMA

*At the onset...*

administer two tablespoonfuls of  
Kaomagma Plain, in a little water



*and...*

follow this with one tablespoonful of  
Kaomagma Plain, after every bowel  
movement . . .



*then...*

when stools become consolidated, one  
tablespoonful of Kaomagma with Mineral  
Oil 3 times daily may be indicated.



## KAOMAGMA

- Coats and protects the irritated mucosa, acting as a mild astringent.
- Precipitates and coagulates bacterial suspensions.
- Adsorbs and renders innocuous toxic and irritant substances in the intestines.

*Kaomagma Plain and Kaomagma with Mineral Oil are supplied in 12-oz. bottles.*

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# EDITORIAL

## Courtesy privileges

Every physician legally licensed to practice medicine should be allowed the courtesy of hospital privileges, said Dr. Hugh Cabot, testifying recently for the Government in its suit against organized medicine. Dr. Cabot added that the privileges of some doctors might have to be subsequently withdrawn for cause, but that no licensed physician should ever be discriminated against in the first place.

To the public, this may sound like a good idea. The layman is sometimes inclined to wonder why a doctor can't always take care of him in the hospital of his choice. He may even imagine motives of professional jealousy or snobbishness.

Nevertheless, the idea is only superficially attractive. Medical men who have probed beneath the surface know full well that the maintenance of high standards of hospital service depends upon the freedom of the institution to extend courtesy privileges only to those men whose ethical status and professional ability are satisfactory.

This is not to be construed as a blanket endorsement of the closed-staff principle. In fact, whenever a hospital can operate with an open staff, so much the better for everyone concerned. The policy which does merit endorsement is that of giving courtesy privileges to licensed physicians only if they can meet reasonable additional requirements as to professional skill and integrity. A li-

cense is not always enough.

There are, it is evident, three types of hospitals: the closed-staff, the reasonably restricted open-staff, and the wide-open-staff. It is difficult to understand how a physician of Dr. Cabot's experience can subscribe so unreservedly to the last of these.

A hospital's primary allegiance is to the community. The courts have held repeatedly that hospitals exist for patients, not for doctors, and that in any conflict of interests, the hospital is in duty bound to exclude physicians about whose qualifications it is in doubt. There is undoubtedly no question that the indiscriminate bestowal of courtesy privileges wherever and whenever requested would conflict with the best interests of patients.

The theory that offenders could readily be dealt with by expulsion from the staff shows an unawareness of hospital administrative problems. Expulsion involves formulating charges, conducting hearings, listening to appeals, and—most important—securing proof in types of situations where proof may be almost impossible to get. The simple expedient of issuing courtesy cards for one year and not renewing them when circumstances warrant is far more flexible.

It's true that to impose restrictions on applicants for courtesy privileges is sometimes to cause hardship. However, the remedy scarcely lies in letting down the bars completely.

—H. SHERIDAN BAKETEL, M.D.

# On location at Carlisle Barracks

*An eyewitness report on doctors-in-training at  
the army's Medical Field Service School*

⊗ Stretched across a snow-bound plateau which leans against the eastern flank of the Alleghenies, the village of Carlisle brooded peacefully in a burst of February sunshine. It was early morning, and the narrow streets, close-lined with small dwellings of a prim architectural mien, had awakened to that quiet but purposeful activity which keeps alive the heritage of provincial America.

A rustic taxi let me out at the stone gate which marks the entrance to the only army post in Pennsylvania and the site of the Medical Field Service School. The chatter of a riveting machine struck the note of contrast. It was a feverish, urgent, almost desperate sound, punctuated by short, tense intervals of silence. During one of these pulsating moments, turning to regard once more the dreamy aspect of the town, I felt the clamor of a nation's future warring upon the tranquility of its past...

Steel rang on steel again. New barracks going up!—Build for defense!—Doctors needed in a hurry! I crossed the threshold of Carlisle Barracks and set out for the commandant's office.

\* \* \*

From the balcony of an old gym-

nasium, I looked down on a classroom session of the Medical Field Service School. The gymnasium serves temporarily as lecture hall and office building while construction is rushed on a new school center. Huddled intently over maps and charts, some 200 men in uniform scribbled notations of the blackboard talk being given by Lieut. Col. Russell B. Reynolds.

One hundred and sixty of these student-officers were physicians, the rest veterinary and administrative officers, my guide told me. Most of them youngish lieutenants and captains called up from the reserve; some volunteers just out of internships; specialists and G.P.'s, married and unmarried, Southerners, Westerners, Yankees.

Routine at the Medical Field Service School has been drastically made over in the past few months. Ordinarily, I learned, the school puts physician-officers newly commissioned in the regular army through six months of specialized medico-military training. Today, the same essential instruction is jammed into thirty-day "refresher" courses for reserve officers. The first of these classes, numbering 170 men, finished in January. In February, 191 more were graduated. Follow-

ing the March group of about 250, the pace of army expansion is expected to require classes of 500.

The school is the nerve-center of Carlisle Barracks, a military community comprising about 1,000 regular army enlisted men and 100 officers, including a medical battalion. New barracks which I saw springing up alongside the present buildings will swell these figures beyond recognition. The post is headquarters also for the medical department's equipment laboratories, where revolutionary mobile hospital units are being designed for mass production.

Regular troops stationed at Carlisle serve as demonstrators for the student-officers. Through drills and maneuvers, they translate classroom theories into practical exercises of medico-military strategy. I watched and photographed these superbly disciplined men as they staged intricate demonstrations in the teeth of a freezing wind, while the entire class tramped attentively after them in ankle-deep snow.

\* \* \*

At present, commissioned officers required by the medical department are drawn from the reserve corps. But selective service recruits—the vast majority laymen with no military or professional background—must be trained to fulfill the rank-and-file duties of new medical regiments and other departmental units.

The first 10,000 of these raw recruits are now being inducted at two medical department training centers—Camp Lee, Va., and Camp Grant, Ill. They will receive basic medico-military instruction for thirteen weeks preliminary to assignment wherever an army hospital or command needs medical soldiers.

Their places at the two camps will be taken by a new quota of draftees.

The reserve doctors whom I saw at Carlisle were hand-picked to serve as instructors in this training program. Following completion of their Field School courses, most of them were assigned to either Camp Grant or Camp Lee, where each is responsible for the training of at least fifty-five recruits.

Needless to say, such duties constitute necessary military experience for the instructors themselves. As replacements become available from the Medical Field Service School, they will be assigned to duty with various army commands.

\* \* \*

The student-officers with whom I talked were too busy to complain of homes and practices left behind. Most of them were called on such short notice—forty-eight hours in one or two cases—that practices were disposed of under the most informal circumstances. What specific arrangements were attempted had still to be completed.

"Busy? Here's a sample for the boys back home." A captain called up from an Illinois residency began reading aloud from his schedule for the next day:

- |             |  |
|-------------|--|
| 8:00- 8:50  | Conference: Register of sick and wounded.  |
| 9:00- 9:50  | Conference: Emergency medical tag and field medical record.                                  |
| 10:00-10:50 | Conference and demonstration: Types and uses of instructional aids.                          |
| 10:00-10:50 | Application: Gas mask drill.   |
| 11:00-11:50 | Lecture: Military law.   |
| 1:00- 1:50  | Drill: Command exercise.   |
| 2:00- 2:50  | Conference: Organization and function of headquarters and service company, medical regiment. |



3:00- 3:50 Conference: Property responsibility.

4:00- 4:50 Conference: Sanitary reports, surveys, and orders.

If such a program were not enough to keep alive the air of "this is something to write home about," a hundred other experiences crowd the hours at Carlisle. Pocket cameras are kept clicking between classes, during demonstration maneuvers, on cross-country hikes. Every Monday morning, the outgoing mail is flooded with words and pictures that carry the irresistible excitements of a new life back to sweethearts, parents, wives, children. New friends, the intricacies of living in uniform, the quality of the food, the latest war gossip, the drills, the bull sessions—much more to talk about than time allows telling.

Formal routine of the heel-clicking variety is held to a minimum at the Medical Field School. I saw no dress uniforms, no leather boots, no sabers. The olive drab service uniform is the only one now re-

quired by the army, and costs anywhere from \$55 to \$110, belt and cap included. Students are not required to buy books, though most of them pick up a few standard reference works as they go along.

Living quarters are scarce on the Barracks grounds. Most of the class live in hotels and rooming houses in Carlisle proper, commuting to school by car. The rest are housed in a dormitory known as the Bachelor Officers' Mess, where they pay \$1.80 a day for room and board. Meals are surprisingly good.

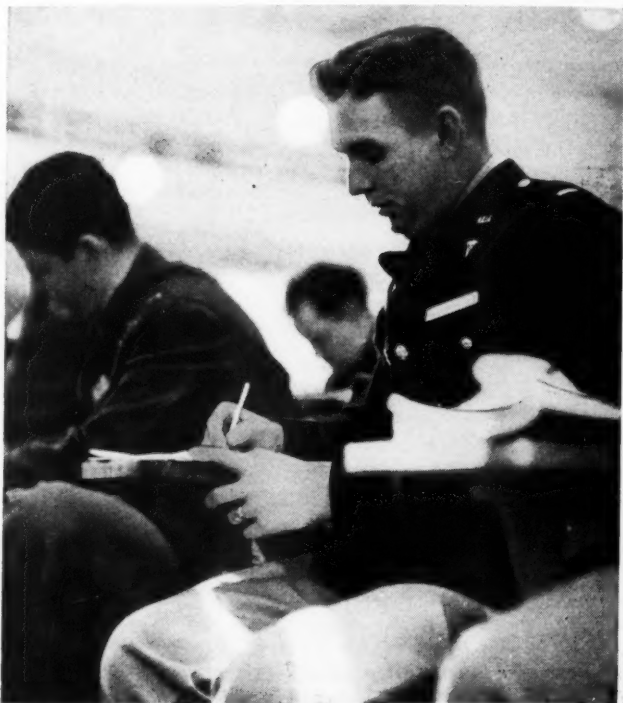
\* \* \*

The future? First Lieutenant Arthur W. Welling, with whom I talked at some length, outlined a point of view which represents that held by many of his classmates. He was a general practitioner in Newberry, S.C., for three years before being called. He's married, has a child, and only five months ago moved into a brand new \$12,000 house. Given ten days to wind up his affairs, he sent brief notices

## M.E. LOOKS ON AS STUDENT OFFICERS LEARN ROPES AT MEDICAL FIELD SERVICE SCHOOL

*Doctors called into the army from private practice are pictured (opposite page) watching from grandstand as troop formations prepared to demonstrate wartime ambulance movements at Carlisle Barracks, Pa., last month.*

*Typical of young, active reserve officers chosen by the hundreds for Medical Field School's one-month "cram" courses, Lieut. Oden (below) charts tactics of medical battalion in combat. Class work precedes assignment as instructors at new army camps where medical department is training ten thousand raw selective service recruits.*





*Medical officers are taught respect for the average soldier's lot. Above, First Class Private Stavinski helps Capt. C. W. Buckingham master the science of rolling a regulation infantry pack.*



*Aye, there's the rub! Packs assembled, doctors-in-training line up for two-hour hike in ankle-deep snow. They marched head-on into a storm. Besides blisters and big appetites, this builds up esprit de corps.*



*Early morning finds shivering students at drill field maneuvers staged by regular army troops. School instructor (holding microphone) interprets action over a portable public address system.*

of his departure to patients, and plans to make no arrangements to keep intact what was a growing practice.

Like the vast majority of his fellow officers, he expressed the desire for an assignment which will permit him to continue active medical work. But he probably won't be that lucky. With his practice knocked from under him, he's counting on a promotion this June to bring his income up to the standard he's used to. Men who haven't had his three years in the reserve must wait longer for promotion.

If he is stationed far from home, he will apply for transfer to medi-

cal duty with the air corps, which numbers among its advantages a chance to fly home every so often. When this observation prompted me to inquire how he managed to get along without his wife and child, he replied simply: "It's not as easy as some of these lads would have you believe."

Most of the Carlisle class, Lieutenant Welling told me, are skeptical about their chances of being released from the army at the end of a year's service—war or no war. In fact, a surprising number feel, as he does, that drawing army pay for two or three years may turn out to be wiser than an attempt to



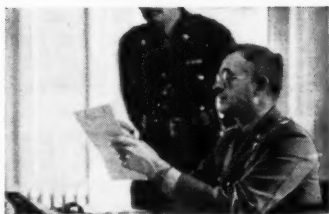
*Wearing bold-lettered identification tags, a demonstration company swings into action before assembled class. Equipment for a collecting station is unloaded (above) and made ready to receive litter-borne wounded (below). Officers must learn to anticipate tactical problems encountered under fire; then train draftees to execute similar operations.*



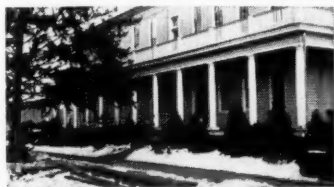
re-establish a broken practice after a twelve-months absence. The backlog of savings which could be accumulated during such a tour of duty looks pretty solid in these uncertain times. Lieutenant Welling said he'd even take an appointment in the medical corps of the regular army. Since many regular army doctors will, in the future, be drawn from reserve ranks, this possibility is being turned over in the minds of many of his classmates.

I persuaded the lieutenant to pose for an informal photograph. When I offered to send him a print of the result, he wrote out an address and handed it to me.

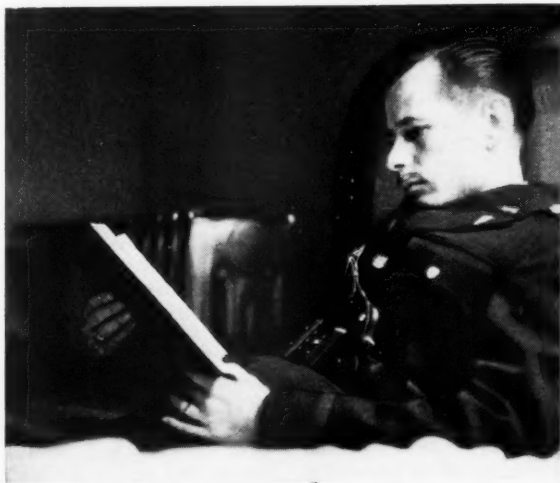
"Here," he said, smiling. "You'd better send it to my home. God knows where I'll be a month from now!"—PATRICK O'SHEEL



*Acting Commandant Col. John M. Willis (above) checks daily orders. At bachelors' quarters (below) students pay \$1.80 daily for room, board.*



*Lieut. A. W. Welling burns midnight oil. Behind him, a promising Carolina practice. Ahead—?*



# New Wagner bill held likely

*Washington report shows how defense banner will be used to cloak drive for state medicine*

⊕ National defense is likely to be made the spearhead of a drive toward legislation of a resurrected "national health act." Should this measure fail of passage, pressure is expected to gather behind an effort to pass a warmed-over hospital-construction bill. The hospital bill is still considered a better-than-nothing stop-gap by advocates of an approach to socialized medicine.

This is the substance of authoritative information current in Washington. No definite plans for introduction of either the health or hospital bill have yet been made public. However, Senator Robert F. Wagner of New York, author of both measures in the last Congress, has indicated his active interest in going after results again this session.

A careful testing of opposition will probably determine how broad a program will be sought in the new push for enactment. It is in overcoming this up-to-now successful resistance that the national defense issue is seen as the strongest card held by Wagner & Co. All national defense legislation has the right-of-way on Capitol Hill at the present time, and proponents of the bills are determined to show that broad health measures are neces-

sary to U.S. security.

The public has already heard much about the need for protecting the civilian population in time of "emergency." Public Health Service and defense officials have been pointing out health deficiencies, quoting alarming statistics, and preparing the way for possible drastic action. The National Defense Commission, through its Consumer Division, has already outlined a far-flung campaign to raise health standards through education and to integrate Federal, State, municipal, and private health activities.

The defense commission's efforts are limited to education and to what pressure it can bring to bear through public and private recommendations and reports. The weight of this campaign may nevertheless be considerable. Although it falls short of what health legislation advocates really want, the helping hand will be welcomed for the national defense tie-up which it furnishes.

Heretofore, to support their drive, Wagner's adherents have depended on statistics of infant and maternity mortality rates, and tuberculosis, venereal, and other disease figures. But under the banner of defense, new facts and arguments

will be emphasized. The country will be told it must "safeguard the civilian population against extraordinary demands which may be made on its vitality." Climaxing this argument will be warnings that "the stamina of our armed forces depends on raising general health standards in the nation."

It need hardly be said that draft and enlistment statistics will be introduced in support of new health legislation. It will be maintained that thousands of young men from relief and low-income families have been unable to qualify for military service because of bad health.

The main objective of the Wagner bill offered in the last Congress will not be changed. As incorporated in that measure, this objective is to appropriate funds for grants-in-aid to the States for (1) maternal and child welfare, (2) public health work, (3) hospitals and health centers, (4) general medical care, and (5) temporary disability compensation. Methods and details of administration, however, are slated to undergo careful scrutiny, in view of the opposition raised before the Senate Committee on Education and Labor when hearings were held on the previous bill.

One of the primary objections raised by the medical profession was that the definition of powers was too vague, that many functionaries would be vested with unlimited power. On the other hand, certain lay organizations complained that the legislation was too binding and restrictive on the States. Somewhere between these two objections a compromise is likely before the bill reaches the Senate.

It has been argued that nothing

in the bill limits its benefits to poor persons or the so-called medically indigent, that every person, rich or poor, may receive its benefits at the discretion of certain Government authorities. In this connection, it is described by many as leaning too far toward socialized medicine, and special limitations have been requested. At the same time, others have asked that the legislation be amended to extend health benefits to meet the needs of self-supporting persons with incomes up to \$3,000 or even higher. Many legislators feel that the soundest policy is to leave to the States the decision as to which population groups are to be served.

The old bill, as reported out by the committee, refers especially to rural population groups and areas suffering from "severe economic stress," as being the particular beneficiaries of the proposed health benefits. Such areas will be aided economically by defense industry.

In respect to disability insurance, it is anticipated that the new bill will include provisions making this type of insurance obligatory in the same manner as has been done in the protection against unemployment and old age. It is contended that without disability insurance in the Federal program, there is "a serious gap in our system of defense against the hazards of industry." In all, the total loss of earnings among gainful workers on account of disability, both temporary and permanent, is cited as being in excess of \$1,000,000,000 a year. With the present emphasis on the need for workers in defense industries, this argument becomes an important consideration.

—JAY A. BONWIT

# Dressing rooms: plain and fancy

*A dressing room saves time for the doctor,  
affords privacy and convenience for patients*

☉ "He's probably a good doctor," said a woman over the card table. "But he does seem a bit unimaginative about his patients' privacy and comfort."

"You have to undress for an examination right in his treatment room—always haunted by the fear that someone will come barging in on you. There isn't a blessed hook on which to hang your dress when you take it off. And since he has no mirrors in the place whatever, you invariably leave the office with the conviction that your

hair is askew, your nose is shiny, or your slip is showing . . ."

Overlooked by this critic, perhaps, was the fact that many physicians agree fully on the desirability of a dressing room. They realize that besides being appreciated by patients, it also speeds the flow of traffic through the office.

Doctors who lack an office dressing room often do so because they feel they haven't the space for it or because they haven't found time to plan such a room as they would like to have it. The purpose of the paragraphs that follow is, therefore, to show how space can sometimes be improvised and how both makeshift and fully-finished dressing rooms can be inexpensively set up.

Commonest extemporizations are screens, curtains, and partitioned cubicles, located usually within the examining room. Other solutions have been to remodel bathrooms and even linen closets.

Probably the easiest improvisation is a folding screen. The slight privacy it affords is welcomed by patients, even though it is rarely possible to supply many conveniences in the limited area set off by a screen. About 6½' high and 5' wide when fully extended, a three-fold screen can often be bought for





*Suggested appointments for this model dressing room are listed on page 52. Examination and dressing rooms are linked by a door behind the one shown. A curtained cubicle (facing page) will serve temporarily.*

as little as \$5. Fabric and wall-paper surfaces are available, of course, in a wide variety of colors.

Somewhat more convenience can be achieved by separating a corner of the treatment room with a curtain. One way to do this is by the use of a "lazy-tongs" bracket (see cut) from which the curtain is suspended. Both curtain and bracket fold back against the wall when not in use. A stool, mirror, clothes-hooks, and perhaps a dressing table may serve as appointments.

A similar curtained cubicle can be attained by installing a curved

rod that loops out between two adjoining walls. The curtain hangs from hooks that slide within a slot at the under side of the rod. If the length of such a curved rod would require a stanchion from the floor or ceiling, it might prove less unsightly to run a straight rod diagonally across the corner and omit any supporting strut in the middle.

Or a "folding wall" will block off part of an examination room. Made of a metal frame covered with fabric or leather, this ceiling-high partition folds back upon itself like an accordion. While the

decorative value of a "folding wall" is high, the cost (\$1.50—\$3 per square foot) will rule it out for a number of offices.

Each of these expedients gives the patient a degree of privacy, and each can be fitted with conveniences such as a dressing table, mirror, clothes hangers, etc. But from a physician's viewpoint, screens, curtains, or folding partitions have a serious defect: The room in which they are located cannot be re-used until a patient has finished dressing and has left.

Ideally, if a dressing cubicle is designed *within* a treatment room, it should be (1) sound-resistant, and (2) have two doors—one to the treatment room, and one to the hall outside. Only then, obviously, will a dressing room permit faster patient-traffic.

In an effort to obtain these two characteristics, the plan is sometimes followed of segregating an area of a large treatment room with permanent partitions. Prefabricated metal and wood partitions are both usable, as are those made of less expensive materials such as celotex or beaverboard.

Occasionally it has been found possible to make dressing rooms from good-sized closets. One physician discovered that a linen closet across the hall from his treatment room was deep enough for conversion into an adequate dressing cubicle. A shelf at the far end of this closet was skirted to resemble a dressing table, and on it were placed such accessories as a powder box, comb and brush, mirror, ash tray, and a stack of clean draping gowns.

Another physician, noting that the bathroom in his apartment-

office was rarely used, remodeled it into an excellent dressing room. His first step was to have the tub removed, after which he had a carpenter construct a couch to fit the empty space, with a number of cabinets beneath it.

To determine the qualities of a model dressing room, MEDICAL ECONOMICS interviewed a diversified group of physicians. Here is their composite opinion of how the room should be planned:

Located next to, or connecting with, an examination room, a model dressing room (see cut) should be well-lighted, immaculate, and restfully decorated. So that it can be used also as a recovery room, it should be fitted with a comfortable couch. The room need not have a toilet and washbowl provided the suite contains a separate lavatory.

Here are the furnishings suggested:

- Couch with spread and pillow
- Dressing table and mirror
- Dressing table lamps
- Full length mirror, behind door
- Chair or bench—or both
- Storage cabinets for gowns
- Clothes hangers and hooks
- Venetian blinds, or translucent windows
- Toiletries (facial tissues, powder, hand mirror)
- Ash tray
- Current magazines
- Wastebasket

"Keep it as much like a room in your own home as possible," said one practitioner, summarizing his conception of the ideal room.

"People rarely ever feel relaxed in a professional-looking environment. But a tastefully-appointed, well-located room will pay dividends both by pleasing patients and by stepping up office efficiency."—BRUCE BLAISDELL

# Carbon-copy bills score 100%

*Record to date: (1) a response from every debtor;  
(2) a marked saving in billing time*

⊙ An Eastern retailer, doing a 95 per cent charge business, has solved his collection problem with a simple, dignified, and highly effective billing system that can readily be adopted by physicians.

The company's first statement of account is the usual innocuous one. If nothing is done about it by the next billing date, the client gets a carbon copy—not a retype—of the original bill. On the bottom of this copy is typed: "Duplicate of statement rendered August 1, 1940."

If there is no response to the first two bills, a third is sent bearing the message: "Second duplicate of statement rendered August 1, 1940." A fourth bill, if sent, says, similarly: "Third duplicate of statement rendered August 1, 1940."

In the event that the bill is settled in full on receipt of the first statement, the client receives the first carbon copy, stamped "Paid" and with a "Thank you!" handwritten across the bottom. When part payments are made, they are noted on the carbon copy, which is then mailed out as usual the following month. It should be emphasized that as long as payments of some kind are being made, no additional message is typed on the carbon-copy bills.

The mechanics of the system are

simple and time-saving.

First, a special supply of bill-heads is printed on tissue sheets. Four carbon copies of each original statement are made routinely and filed under the patient's name. When each subsequent billing becomes necessary, one of these carbons is removed from the files, the appropriate notation is added, and it is mailed to the patient.

Since the original billing date remains on each statement, it acts as a definite reminder that the account is overdue. At the same time, because the duplicate bills are made up on tissue sheets, they stand out by virtue of their difference from the expected stationery.

The typewritten notation on the carbon copy informs the debtor that you are aware of the length of time he has let his account lapse. Yet it is obviously just part of a routine billing system, implying no personal pressure on the patient by the physician.

The business concern that has been using the system reports that the first carbon brings in almost twice as many payments as an ordinary second-month statement, and that some response has been obtained in *every case* after mailing the fourth carbon.

—FRANCES ALLEN



## Your

✱ What it should cost to maintain a car for professional use depends naturally on one's income, type of practice, and location.

Too much spent on a car raises havoc with the budget. Yet too small an outlay may necessitate a jalopy which prompts patients to conclude: "George Smith doesn't seem to be doing so well; guess he can't be a very good doctor."

The inquiring practitioner who wants to know where to draw the line asks, logically:

"How much do colleagues in

**TABLE 1G.—AVERAGE  
UPKEEP OF MEDICAL CARS**

*Sample: 6,353*

<i>Approximate Gross Income</i>	<i>Car Upkeep</i>
\$1,000.....	\$241
1,500.....	246
2,000.....	306
2,500.....	307
3,000.....	302
3,500.....	346
4,000.....	376
4,500.....	395
5,000.....	402
5,500.....	406
6,000.....	431
6,500.....	428
7,000.....	430
7,500.....	479

# CAR

similar circumstances spend on their cars? By knowing this, I can tell if my own costs are in line."

The reply to this query, distilled from the Survey of Medical Practice, appears in the accompanying tables.

[EDITORS' NOTE: The Survey of Medical Practice is based on reports from 7,707 physicians. Variations in the samples from which individual tables are computed result from the fact that not every respondent answered every question.]—WILLIAM ALAN RICHARDSON

## ANNUAL AUTOMOBILE

### F M GROSS INCOME

Year: 1939

Car Upkeep	Approximate Gross Income	Car Upkeep
241	\$8,000.....	\$495
246	8,500.....	515
306	9,000.....	508
307	9,500.....	492
302	10,000.....	544
346	10,500.....	556
376	11,000.....	521
395	11,500.....	490
402	12,000.....	558
406	12,500.....	527
431	13,000- 13,500.....	553
428	14,000- 15,500.....	602
430	16,000- 17,500.....	550
479	18,000- 20,000.....	623

## TABLE 2G AVERAGE ANNUAL AUTOMOBILE UPKEEP OF PHYSICIANS IN 1939

### 1. By type of practice

Full specialists	\$469 (5%)
Partial specialists	447 (6%)
General practitioners	424 (7%)
(Excluding partial specialists)	

### 2. By population

Less than 1,000.....	\$385
1,000-9,999 .....	428
10,000-99,999 .....	418
100,000-999,999 .....	423
1,000,000 and over...	497

### 3. By location

New England.....	431
Middle Atlantic.....	469
East North Central...	430
West North Central...	395
Mountain .....	437
Pacific .....	441
South Atlantic.....	440
East South Central...	428
West South Central..	402

NOTE: Figures in parentheses above are percentages of gross income. The divisions of this table are based on the following numbers of reports from physicians: (1) 6,608; (2) 6,599; (3) 6,415.

# Union cards for doctors?

BY WILLIAM ALAN RICHARDSON

☉ Scarcely less than astonishing has been the reaction in certain quarters to the ruling of the U.S. Supreme Court on February 3 that labor unions may no longer be prosecuted for violation of the anti-trust laws. It is now being asked—usually in jest, but not always—why organized medicine should not assume the technical status of a union in order to gain exemption from further prosecution by the Government.

This latest Supreme Court decision is one of the most significant in a decade. By a 5-to-2 vote, the

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The subject of this article is currently the subject of widespread discussion at medical society meetings and wherever physicians congregate. Members of the profession have not been slow to recognize the government's inconsistency in classing medicine as a trade for purposes of prosecution under the anti-trust laws while at the same time refusing it the immunity to such prosecution which labor unions now enjoy as the result of the U.S. Supreme Court decision in the *Hutcheson* case on February 3. Although physicians can not be expected to take seriously the idea of a unionized medical profession, they are eminently justified in wishing to be informed on the question. It is analyzed in this article from every significant angle.

high court sustained the lower courts and threw out an indictment which had been brought against President William L. Hutcheson and officers of the United Brotherhood of Carpenters and Joiners.

The Hutcheson decision makes it evident that when a union acts in its own interest and does not combine with non-union groups to restrain trade, it is exempted from the operation of existing anti-trust legislation. It will thus be seen to reverse the dictum of Supreme Court Justice Stone in the now famous *Apex Hosiery* case.

Organized medicine is now on trial for having allegedly conspired to restrain the "trade" of certain non-member physicians by excluding them from practice in hospitals in the District of Columbia. This accusation is countered by the charge that if the exclusion of a physician from hospital privileges constitutes restraint of trade, then surely the defendants are being classed as a trade organization without being given the immunity which such organizations customarily enjoy.

What the Government labels restraint of trade under medicine's present form of organization would, under a union set-up, be merely a legally sanctioned exercise of the closed-shop principle. This, appar-

ently, is what has given rise to the reasoning that if organized medicine is to be branded as a labor group, why should it not assume the status of a union and demand the exemption from anti-trust law prosecution to which a union is entitled.

The explanation of why labor unions are coddled while organized medicine is systematically hounded is said to be evident in the tenor of the present Administration. It is generally known, of course, to favor the unions and to be at odds with the medical profession, most of whose members have stubbornly resisted attempts to regiment them and have insisted upon voting the "wrong" way in national elections.

If the A.M.A. ever went to the fantastic and unbelievable extreme of seeking to become a union, there would, of course, be no technical obstacle in its way. A union does not have to be made up of laborers. Nor must its members be employees of anyone. Witness the Office and Professional Workers Union, the American Federation of Teachers, the Associated Artists and Artistes of America, and other like groups. Already, in at least one metropolitan area there is said to be a union of city physicians; and, as is generally known, a number of nurses belong to unions.

Even though the likelihood of the A.M.A. ever becoming a union is so remote as to be almost absurd, it is of interest to note the procedure it would probably follow. Since union charters are granted by the A.F. of L. and the C.I.O., medicine's first problem would be to decide with which parent labor body it wanted to be become affili-

ated. The decision would be a simple one to make in view of the policies which guide the respective bodies. The C.I.O. believes strongly in centralization and in close curbs on the autonomy of its constituent unions. The A.F. of L. stresses decentralization and maximum autonomy for its constituent unions. If the A.M.A. had to make a choice, then, it would undoubtedly go the way of the A.F. of L.

The A.M.A. would not be obliged to alter its title to include the words "labor" or "union." It would, however, be classified as an "international" union. ("Internationals" are so called because they include Canadian unions; not because their jurisdiction is world-wide.)

In the role of an international union, the A.M.A. would then charter the various State and county medical societies as central unions and local unions, respectively, though no change in their nomenclature or operation would occur. Physician-members of these unions would be charged regular monthly dues. (The *minimum* dues imposed by the A.F. of L. at the present time are \$1 per member per month, 36 cents of which reverts to the federation as a per capita tax.)

If medicine were unionized, every closed hospital would be, in effect, a closed shop and could bar non-staff members with the same impunity that closed shops which employ labor are now allowed to bar non-union members. Likewise, the army, navy, and other services of a like character would be, in effect, closed shops.

Even in the inconceivable event that organized medicine were to unionize at the present time, there is no certainty that its action would

be retroactive and that it would therefore affect the present anti-trust suit against the A.M.A. However, it is a possibility. The case might then be considered a moot one. Reason: If the purposes of a pending case are eliminated by a change in circumstances, the court will sometimes dismiss the entire case on the ground that it is moot.

The ridicule that would follow an attempt to unionize organized medicine can scarcely be overestimated. No stretch of the imagination is needed to envision the jokes, cartoons, and head-shaking commentary about doctors in picket lines, doctors on strike, and doctors scheming to hold up the public for exorbitant fees.

The layman could scarcely be blamed for thinking to himself: "Now that Dr. Jones is a member of the union, I suppose I'll have to pay him time and a half for overtime when he calls at the house tonight."

Or: "Things are coming to a pretty pass when Dr. Smith spends his time picketing the hospital instead of taking care of his patients."

Ludicrous? Yes. But if unionization of medicine ever became a reality—as some people apparently would have us believe it will—the jibes of the public would strike not at the organizers who had furthered the move but at the average M.D. as the unwitting butt.

Not to be overlooked either is the antagonism a unionized medical profession would generate among that rather sizable segment of the public which is entirely out of favor with the methods employed by unions today. The increase in such feeling during the past two or three years is quite ap-

parent in the applause accorded newspaper columnists like Westbrook Pegler.

Unions are automatically associated in the public mind with an organized effort to force higher wages (fees). This would obviously place the unionized doctor in an unenviable position. Thinking physicians realize, too, that application by the A.M.A. for a union charter would most certainly be construed as an out-and-out retreat from the attacks of the Federal Government—an admission that the Department of Justice had the medical profession on the run.

Proponents of unionization refer to the parallel between organized medicine and organized labor. Both, they say, endeavor to exclude incompetents, both protect the rights and privileges of members, and both are anxious to maintain high standards of workmanship. In the minds of these proponents, formal unionization of organized medicine becomes but a recognition on paper of a concrete fact, bringing with it added protection for the individual physician and for the medical society to which he belongs.

Opponents, on the other hand, cite several insurmountable obstacles. The butcher and the surgeon, it is pointed out, both sell manual skill: yet there is a universe of difference between these skills and their effect on humanity.

A physician without previous military training may be commissioned an officer in the army. A carpenter without previous military training would never be so commissioned. Publicly to identify carpenters with orthopedists or

[Continued on page 88]

Mr. rushes medium. utter wrong. Mea paroxysm pressed stored—and obviously t He r country city, wicker By the was ference it may on the Dr. Lef over w had theavity



# Good morning, Nurse!

BY MARTIN O. GANNETT, M.D.

Mr. Cooper, in great excitement, rushes in, clutching at his precordium. In his hacking, eye-popping stutter he tries to tell me what's wrong.

Meanwhile, I have discovered his paroxysm of auricular tachycardia, pressed on his eye balls, and restored his heart-rhythm to normal—and he is still straining laboriously to explain.

He reminds me of the stuttering country girl on her first visit to the city, who was accosted by a city slicker with purposes of his own. By the time she managed to say no, it was too late to make much difference.

\* \* \*

It may have been poor team-work on the part of the anesthetist, or Dr. Leff's usual rush to have things over with. In any case, no sooner had the latter opened the peritoneal cavity than the patient strained

mightily, heaving half her viscera out of the wound.

Dr. Morton, on his way to the next room to scrub, pauses for a brief glance at the struggle, then draws: "Let me know who wins, will you, Leff?"

\* \* \*

Mike Kearney I consider a remarkable specimen in many ways, notably for his gift of enjoying the fruits of the earth without labor or strife. But he is a rare enough bird medically as well. For sixteen years he has been receiving a veteran's pension for service-connected arteriosclerosis sustained at the age of twenty-two at a training camp.

\* \* \*

Shuffling through record cards brings to memory variations on a vital theme in medical economics: the delicate business of garnering a fee. [Turn the page]

Exhibit A:

Ed Andersen, terribly preoccupied with his wife's cold, and implying: "Is this a time for monetary trivialities?" Fee still unpaid on the first anniversary of its incurrence.

Exhibit B:

Night call to see Mrs. Hoffman in an attack of sudden left-ventricular failure with pulmonary edema. The son sees me to the door and slips a crumpled bill into my hand as he shakes it in parting. With the flourish of one dispensing largesse he says: "Buy yourself something, Doc!"

Exhibit C:

Mrs. Bistro leaves the office all befuddled with the instructions she must remember, and forgets to pay, purely as a matter of absent-mindedness. Confirmatory evidence is that she forgets to pay the druggist as well.

Exhibit D:

John Billings, to me previously unknown, once requested a general examination—"just my usual yearly check-up, Doctor"—then handed me a twenty-dollar check and asked for change. How young I must have been then can be seen from the fact that he got it...

Exhibit E:

Finnegan, Peter, comes in with a traumatic subconjunctival hemorrhage. As soon as I've looked at his eye, he puts two dollar bills on my desk. Then, as I continue to examine him for signs of cranial injury, he puts another dollar down. I look at his fundi, and as I put the ophthalmoscope away I see him digging in his pocket again. It dawns on me all at once that his interpretation of my ignoring the money is that I consider the fee insuffi-

cient. I gather the fee hurriedly, but reflect later that, given a decent love of lucre, I might have waited to take the patient's blood pressure on his other arm, determined his vital capacity, taken his height, weight and chest measurements, and investigated his equilibratory mechanism.

\* \* \*

"I'm thirty-two, Doctor. I've never had a day of sickness in my life. I don't smoke or drink. I'm single and I don't have anything to do with girls. I have my glasses checked every six months, but the past week my head keeps aching all the time."

Halo too tight?

\* \* \*

Seven A.M. and the bell rings. Mrs. Schmaltz is the untimely guest.

"Doctor," she bursts out, "it's up to you. You've just got to make me lose weight. Since last night my mind's made up. I had tickets for an affair and when I went to put on my evening gown, I couldn't get into it. Just imagine! So I stayed home and, I tell you, I couldn't sleep a wink all night. I said to myself, that's the finish; first thing in the morning you're going over to the doctor's. And here I am..."

\* \* \*

At the conference on Weil's disease, Dr. Woll asks for and obtains the floor:

"Gentlemen, I don't like to inject a political note into a scientific discussion, but it seems to me that the alarming increase in Weil's disease is directly attributable to the recent change in administration. In their program of letting nothing remain undisturbed, they've begun the reconstruction of old sewers

This exposure of workers to sewer rats is directly responsible for the epidemic we are discussing. It seems to me we owe it to the voters of our city to publicize this scandal."

Bill Seeley leans over to me and whispers: "Losing a \$10,000 political job can sure give a man ideas on public health."

In the staff-room the discussion turns to the effects of various drugs on components of the EKG. Snow, the urologist, speaks up:

"All this about Q-wave and T-wave is over my head. But if you fellows know something that'll give a prostatic obstruction a good P-wave, I'm for it."

Mrs. Linder, relaxed and happy one hour post partem, breathes a deep sigh.

"I feel so good now, Doctor. A little girl, just like I wanted. I'm trying to think now of the name I had for her, but I just can't remember. It begins with S."

Sally? No..o. Sarah? Oh, no. Sandra, Salome, Shirley, Sybil? "No, Doctor, it's on the tip of my tongue. There's something like sin in it."

"Cynthia?"

"That's it!"

Seen in the emergency ward:

A strapping colored boy with a billiard ball bulging from his mouth.

Despite the hands gesturing frantically for help and the eyes rolling white with terror, the net effect was fantastically comic. Between the two arcs of milk-white teeth shone the wedged-in black ball, with the figure eight foremost.

It took deep anesthesia and the extraction of two incisors to remove the boy from behind the eight-ball.

There was a happy ending, though. For by the terms of the bet he had only to get the ball *into* his mouth. The net gain of the transaction was four bits.

With the coming expansion of geriatrics promised us by prognosticating statisticians, we may see a shift of emphasis from the cradle to the home stretch—a shift to the right, as it were.

But not right away.

Not while we have couples like the Bartels. Mr. Bartel is just 70. Mrs. Bartel is 53. She is about to present her eight sons and daughters with an addition. She hopes it's a boy.

I walk into the staff-room, and there's Bill Wayne, in town for the holidays to see the plays and to show his fat and prosperous self to his old cronies at the hospital.

Well, how are things in Georgia?

Oh, pretty fair, and would be better, only in his county there are two new chiropractors and they see more patients than he does.

Georgia crackers?

The causes of sterility are many. I was explaining to Mrs. Werner the successive steps I had in mind for isolating the nature of her difficulty when she stopped me. "Doctor. I see I'll have to tell you the whole story."

It appears that, with a history of six years' married life, one must still consider celibacy as a possible cause of childlessness.

# Watch the consumer movement!

*Consumer groups have long scrutinized the M.D. with a critical eye. Here the process is reversed.*

★ The modern consumer movement began in the late Twenties with informal product-testing by a New York engineer for the benefit of a few friends. Since then it has developed into a many-headed phenomenon that shouts for social reform, whispers buying advice, and stands guard on the consumer's front doorstep.

The consumer movement is supported largely by people who feel the need of guidance when they spend their money. It is criticized by people who say that too many of the leaders in the movement are

communists or socialists.

Without getting into this controversy, an attempt will be made to gauge the significance of the consumer trend from the point of view of the physician.

Lumped together as the consumer movement is an amorphous collection of testing agencies, government bureaus, pressure groups, women's clubs, publicity bureaus, and cooperative societies. Investigation among these shows that almost all of them have interested themselves in medicine in one way or another. To illustrate:



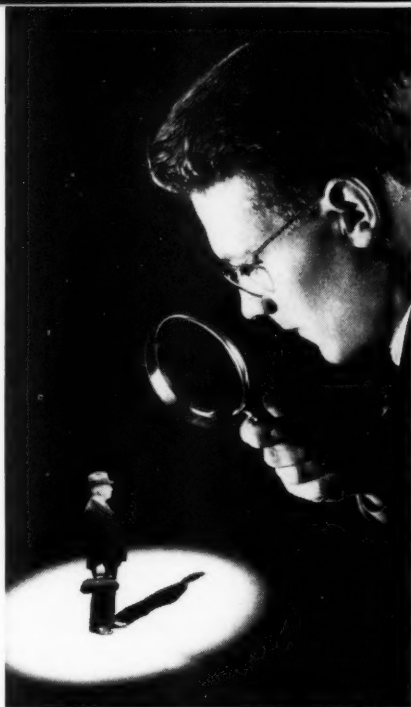
Some give general medical advice to their subscribers. Some suggest methods of evaluating hospitals. Some publish directions for locating a competent physician. Some rate the merits of antiseptics, analgesics, glandular extracts, physical-therapy equipment, tonics, vitamin preparations, and a host of other such products.

Some crusade vigorously for legislation like the Wagner health bill, proclaiming that medical care on the fee-for-service basis is inadequate and on the way out. Some (the cooperatives) actually employ physicians and operate hospitals for the benefit of their members.

#### DEFINITIONS

It is not the purpose of this article to discuss government consumer agencies which regulate trade for the protection of the public. Nor will it discuss consumer cooperatives which produce commodities or distribute them through retail

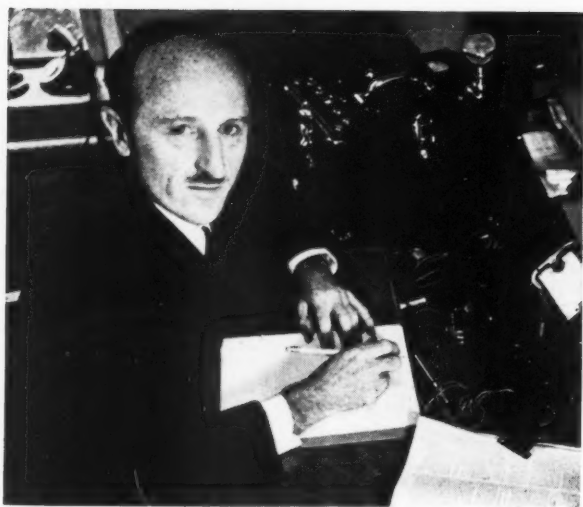
*Private "testing" agencies pass judgment on everything from soap to organized medicine. They keep their 165,000 consumer-subscribers informed through a deluge of bulletins, reports, and handbooks.*



stores. Its function is to analyze only those organizations that buy medical services cooperatively or that test, recommend, condemn, and propagandize for or against products and practices affecting health and the medical profession.

Thus delimited, the consumer movement falls into four basic subdivisions:

*Testing agencies.* Perhaps the most influential of all consumer groups, the testing agencies report to their subscribers on the quality of innumerable advertised products. In addition, some also supply a steady flow of editorial advice on legislation, home-building, insurance, consumer organization, in-



*Author, engineer, and a founder of the modern consumer movement, F. J. Schlink is president and technical director of Consumers' Research. Rival Consumers Union is headed by Arthur Kallet, once with CR.*

vestments, hygiene, and medical care. As a rule they discourage self-medication and the indiscriminate use of patent medicines; often they advise frequent consultations with a physician.

**Consumer cooperatives.** The cooperatives which offer medical care and hospitalization are still few in number, but they have made a substantial splash in the headlines. Examples are Dr. Michael Shadid's embattled Elk City (Okla.) Cooperative Hospital and the Group Health Association, of Washington, D.C., which involved the A.M.A. in its current anti-trust difficulties.

**Women's clubs.** A great number of church, social, and labor-interested groups have set up consumer divisions, most of which occupy

themselves with issues of housing, health, and medical care. Nominally "study" or "discussion" organizations, they are often equipped for, and experienced in, exerting pressure in the name of consumers.

**Government agencies.** Federal and State ventures into the consumer field have taken highly diverse forms. Perhaps the commonest activity has been the circulation of pamphlets which combine data on preventive medicine, specifications of standards for diet, and self-perpetuating propaganda.

Now to examine the four types of consumer organizations more closely:

#### TESTING AGENCIES

Consumers' Research and Consum

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ers Union are the two best-known testing agencies. They may properly be termed the spark-plugs of the consumer movement.

After them, in point of size, come a number of smaller, marginal enterprises—some honest, many the reverse. Typical of the latter are the short-lived, disreputable little sheets which are happy to rank an equally disreputable product in proportion to its manufacturer's gratuities. Akin to these are the one-man rackets which issue bulletins based on antiquated Federal cease-and-desist orders, spicing them with unsupported references to "decomposed food," "poisonous ingredients," "lying reports," and the like.

Occasionally, racketeering has been attributed to Consumers' Research and Consumers Union, but so far as is known the charges have never been proved. Considering the hawk-eyed vigilance with which advertisers survey the two major testing bodies, it is safe to say that if either of them had ever been caught very far off base, the fact would be known.

Established in 1929, Consumers' Research was the earlier agency in the field. Two years before, Stuart Chase and F. J. Schlink had co-authored the highly successful "Your Money's Worth." Whereupon Mr. Schlink was sufficiently impressed by the fan mail to expand a White Plains, N.Y., consumer club into Consumers' Research. A mechanical engineer who had worked for the Bureau of Standards, Western Electric, and Firestone Rubber, Mr. Schlink shortly found that he had uncovered a Trend.

True, there had for years been

mild consumer activity in America. Various organizations had passed vague resolutions calling for descriptive product-labeling and for restraints on certain advertising. But such activities had never greatly impressed either manufacturers or the general public until CR appeared.

The succession of consumer books that followed Mr. Schlink's original effort no doubt gave powerful impetus to the movement. Most notable of these books, perhaps, was "100,000,000 Guinea Pigs," by Schlink and Arthur Kallet, a volume which has now sold more than a quarter million copies.

#### CONFIDENTIAL FINDINGS

CR is a non-profit corporation whose basic purpose is to test advertised products and classify them as "Recommended," "Intermediate," or "Not Recommended." Ratings are published in a monthly bulletin and in a cumulative annual handbook. A subscriber, paying \$3 a year, promises to hold confidential all information so marked. (Scrupulous subscribers do not have to keep the bulletins from a wife's prying eyes. "Confidential" is defined as "within a household.") The organization is estimated to have 65,000 subscribers.

Among the subjects treated in CR's Bulletin are metallic contamination of foods, patent medicine warnings, and the necessity of securing good medical advice. CR constantly advises its subscribers to disregard the medical advice of friends, druggists, and advertisers, and to seek a competent physician. The annual handbook summarizes many of the monthly findings, and in-

cludes miscellaneous information on health. Optometrists and osteopaths are regarded without enthusiasm.

#### HOW TO CHOOSE AN M.D.

Sometimes published is a list of pointers for laymen to observe when selecting a doctor. (Recommended method: Judge less by personality than by the standards of his training. Ask him direct questions about the rating of his medical school, his internship, and his hospital affiliations; and expect to receive frank answers. Study attentively the degree of care he exercises in diagnosis and treatment. Beware dogma, guaranteed cures, "secret methods" of treatment.)

Although CR sometimes uses dicta from the Journal A.M.A. to confirm its conclusions on technical points, it does not hesitate to criticize the A.M.A. also. Especial target is the Council on Foods, which it has accused of paying more attention to the interests of advertisers than to the interests of consumers.

The Journal, in turn, has responded with such brickbats as this:

"Again, apparently without adequate consultation with medical authority, and...even without adequate survey of recently available advice, Consumers' Research presumes to dispense bad medical advice to its perhaps too-trusting readers."

CR sometimes editorializes on the need for more stringent food, drug, and cosmetic laws; but in general it sidesteps the field of social legislation. In keeping with this policy, it has neither opposed nor supported the Wagner health bill.

Asked for a statement of CR's activities affecting medicine, Mr. Schlink, the president and technical director, reported as follows:

#### CR'S SELF-ESTIMATE

"We find from our correspondence with physicians that many of them are too busy...to concern themselves promptly...with important developments or discoveries regarding the toxicity of products or common materials...and we have done, I believe, a valuable work in bringing to physicians' attention many important matters..."

"Among such items, I may mention CR's constant insistence upon the dangerous toxicity of carbon tetrachloride...the toxicity of benzene and benzine...the special hazard to the whole population in the use of arsenic, lead, selenium, and fluorine and manganese compounds sprayed or dusted on fruits, vegetables, and tobacco...the great toxicity of naphthalene (moth balls) and paradichlorobenzene, both of which have been supposed by both medical men and laymen to be utterly harmless in all practical relationships in the home: the great undesirability of the constant use by the laity of pain-killing drugs, such as acetanilid, acetphenetidin, aspirin, caffeine, amidopyrine, cinchophen..."

#### THE OTHER SPARK PLUG

Chief rival of Consumers' Research is Consumers Union, also a non-profit corporation. CU was founded early in 1936 after a bitter strike at Consumers' Research. When the smoke had cleared, it was seen that at least ten employes had seceded to set up a competitive or-

[Continued on page 98]

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# Are you ready for inflation?

BY RAYMOND HOADLEY

☞ Fearing that a domestic inflation will develop out of the current international situation, a physician writes to inquire:

"Should I sell out my present holdings of securities? If I should buy, how do common and preferred stocks compare with bonds?"

Both these questions can and will be answered in fairly concrete terms. But an understanding of the mechanics and dangers of inflation is the first requisite to sound investment policy today.

## INFLATION FACTORS

Our inquiring physician is justly apprehensive. The rapidly mounting public debt gave rise to inflation fears long before the defense effort was formulated. The reason these fears have not materialized may be found in the steady deflation of private debt—reductions in mortgages, bank loans, and corporate debt to the tune of billions of dollars—which has offset the increasing public debt up to this point.

Now the snowballing armament boom brings with it two forces of an inflationary character which have hitherto been absent: (1) record productive activity, and (2) an increase in the over-all outstanding debt.

In spite of these factors, it does not appear likely that a wild inflationary boom in the general price structure will occur in 1941. The national economy today is subject to more drastic Government regulation than it was in 1916. This supervision includes Government price fixing, rationing of consumption, and all the other myriad controls which have been brought to such a high state of perfection in the totalitarian countries, where a sort of controlled inflation has long been the rule.

Already there are many instances where Federal pressure has served to control price movements since the defense program began. Prices of essential defense materials such as aluminum, copper, zinc, etc., have been pegged at moderate levels despite apparent shortages in these metals. Large purchases of lumber for cantonment camps brought a sharp price rise in that material. Subsequently, the lumber industry was told to reduce prices or face the possibility of Federal price-fixing under the so-called draft industry laws.

Other factors that should retard inflationary trends this year are the record surpluses existing in many commodities—such as petroleum, cotton, and wheat—that were ex-

ported to Europe in great quantities during World War I. Even if commodity prices should rise 10 or 15 per cent on the average, they will still be no higher than they were in 1926. And the country did not think commodity prices were inflationary at that time.

#### CONTROLS ON INFLATION

On the other hand, rising costs and prices do not begin simultaneously in all branches of industry, nor do they continue on a uniform basis. Bottlenecks and shortages will appear from time to time in widely separated fields of activity. And no inflationary movement can be checked successfully unless fiscal and other controls are applied before nearly all industry is working at capacity levels. Along these lines, the Government is maintaining a constant check on prices and there has been a notable absence of the frantic competitive bidding for war materials between Governments and departments of our own Government, such as prevailed in the last war.

But there is one inflationary dan-



**STAIN REMOVER:** My white porcelain sink used to become badly blackened whenever I irrigated a case of gonorrheal urethritis with a silver nitrate solution. The dark stains deposited by the solution resisted all efforts at removal.

Then one day I had the good luck to spill a little tincture of iodine in the basin. Much to my surprise, the stains washed off easily. With a small amount of tincture, a swab, and water for cleansing agents, I've found it an easy matter to keep the sink in a spotless condition ever since.—J. L. KUBRICK, M.D.

ger, apart from the rising debt, that has been unchecked so far. Wage rates are increasing the country over and payment for overtime beyond the 40-hour week is, at this writing, still a national policy. A general increase in wages is followed by higher prices; further wage increases are demanded; and a threatening inflationary spiral is set in motion.

At the onset of hostilities in Europe, Great Britain instituted many economic controls to forestall inflation. After a year and a half of war, food prices have jumped 22 per cent and British economists admit that inflation is well under way. It is now merely a question of controlling its spread as much as possible.

#### THE CURRENT OUTLOOK

With the experience of Great Britain in mind and with price movements under the watchful eye of the Government, only a moderate tendency towards an inflationary boom appears likely in 1941. For the time being, the increasing cost of labor—our most prominent danger signal—may be absorbed largely in expanding output and operating efficiencies.

Which brings us back to our original questions: Whether (and what) to buy or sell?

Barring a sudden end to the war and speedy world disarmament, this is no time to turn investments into cash. Only when a period of pronounced deflation appears imminent is such a change advisable. An entirely liquid position affords no protection against the inflationary trends that always take root in a wartime economy. Of course, the

[Continued on page 92]

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## 'To Harry, with love...'

BY JEAN LITTLEJOHN AABERG\*

"How do you like being a doctor's wife?"

That's a fair question, I suppose—well phrased and to the point. Maybe it's just the constant repetition that gives it that awful sing-song monotony.

This all started, naturally enough, when I got married. (Which was some years ago, in case you think I'm acting "bridey.") On a wild, lusty day in December, I married, of all things, a doctor. At the very first party we attended, after our honeymoon, someone put the question to me.

"Well," he inquired, in the kind of booming bass that makes your shoulder blades vibrate, "how does it seem to be a doctor's wife?"

"Fine," I said, with the throbbing enthusiasm of a visitor to Upper Sandusky who is asked: "And how do you like our little city?"

\*Mrs. Aaberg, a physician's wife, is author of the new book, "Don't Phone Mother!"

The next week, at a tea party, I met a group of sweet old ladies who immediately began harping on the same dismal string. Even the older doctors' wives, who should have known better, took a sadistic delight in the game. "How do you like being a doctor's wife?" they'd cluck at me.

After awhile, my good humor began to wear thin. I tried snapping back: "Very much, indeed. It's always interesting, and fortunately my husband is very seldom late." But my inquisitors would just smile commiseratingly.

You see, the trouble is that I do like being a doctor's wife. Why in the world shouldn't I? I married my doctor because I was in love with him. We had fun together. We got along splendidly. We still do. So what's all the crowing about? I've conscientiously tried to figure it out, but there are only a couple of points worth discussing.

First, there's that old saw: "Doc-

tors are always late." Here it is dinner time. Griselda, the patient wife, has whipped up the tastiest Swiss steak you can imagine. It's supposed to be his favorite dish. Come six, come seven, come eleven, and he's still at the hospital, or the office, or on a call. The beautiful thing in the oven begins to take on the consistency of an old rubber boot. Finally, Griselda eats alone.

My answer to this is an inelegant "so what?" Any dummy who pins her happiness to a Swiss steak deserves to go through anguish. Besides, if the little fool can find nothing to interest her outside of him, she should have married a chronic invalid who's *sure* to be always there.

To my mind, the life of a doctor is an excellent antidote for the

humdrum and the prosaic in marriage. It offers a swell excuse for being late to dull parties. If the patient wife can't stand variety, let her enter a convent or live alone with a parrot, with a cup of tea on the dot of four every day.

Second favorite complaint of the Gloaters' Club runs like this: "A doctor is dedicated to humanity rather than to his nome." I say "rubbish," or "too many movies." Of course, any doctor worth his salt is vitally interested in his profession and in the people to whom he ministers. It is true that he's called out at odd hours, and he must go, bridge foursome or no bridge foursome. But he always comes back. So why the dramatics? No doctor works all the time. When he's not busy, he's still a person



*"Come seven, come eleven—he's still at the hospital, or on a call. Finally, Griselda eats alone..."*

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"Do you have to endure this sort of thing all the time, too?" she asked."

and one who is all the more interesting because of his work.

Remember the old bromide about absence making the heart grow fonder? Why should you want your loved one always beside you, watching you, adoring you, as your pale hands flit in and out about their tasks like tipsy butterflies? Dull, I say—dull!

From rose-trimmed honey pots it's only a step to a state of nagging irritability. Between the two extremes is the ideal relationship: a husband and wife who like each other very much, and who are wise enough to be sensible about it.

But what, I ask myself at this point, is a Wife? As near as I can put my finger on it, and a trite finger at that, she's a woman united to some particular man in holy wedlock. Chief reason for the union, one gathers, is a mutual pleasure in each other's company. If a wife is able to support herself, well and good. She may arrange her time exactly as she sees fit. If not, she agrees, by unwritten compact, to see to the management of her husband's home, to keep the linen

clean, the silver polished, the food edible, and to do all those things which sound so unimportant but aren't. In return for these services, she gets her necessities and luxuries, according to the individual scale of living.

It's a pleasant arrangement and an essentially sound one, or it couldn't have lasted as long as it has. Why, then, do so many females change character at the altar?

At this very moment, at the click of a clergyman's tongue, dozens of girls all over the country are becoming Wives. The minute the ceremony is over, each of these creatures refers to her former home as "Mother's." The man with whom she's supposedly been in love has become a Husband. He is now endowed with all sorts of secret vices and comic-strip shortcomings. For the new Wife is now among the initiated. In her first week of Married Life, she has sought out kindred members of the fold. In each of these smug groups, long hours each day are spent discussing the peculiarities, the unreasonableness, the bull-headedness, the childishness, the complete and utter hopelessness of These Awful Men.

It beats me. This is an age of freedom—so much so that we are tired of being reminded of it. There are plenty of ways out. No one says you've got to join the ranks of the Sufferers.

Sufferers? Certainly you know them. Their number is legion—a legion whose entrance requirements are simple. First, you must be married. Second, you must be adept at tossing a curl over the doings of men. Third, you must have bur-

dens. That is all. No extra fees. No assessments. It must be fun, in a perverted sort of way. So many belong.

This Summer, while we were vacationing, I met with a prime example of the Sufferer—so typical I would like to have stuffed her for a museum. I came across this specimen when we stopped to visit a school friend of my husband's, also a young doctor. We enjoyed a well-served dinner in the dining room of their charming house. Then:

"Isn't it grand to be on vacation?" our hostess sighed to me as we gathered in the living room. "No meals to think of, no baby formula, no remembering to wake Fred in time for an operation."

Later in the evening the men—naturally—fell to talking shop. They stopped soon enough to come under the line of politeness, but not soon enough to forestall comments from the Sufferer.

"Do you have to endure this sort of thing all the time, *too*?" she inquired wanly. Here was a gilded opportunity—one knowing lift of the eyebrows, one corroborating sigh, and I'd have put myself in solid with her. But I was feeling strongly uncooperative by that time. I reneged.

Next day we had another lugubrious talk about the ordeal of planning three meals a day. I threw caution to the winds. "Nonsense," I said in a voice of acidulous efficiency. "I simply wrote out menus for two months when I started housekeeping. I just use them as they come, and then start over again—sure as a train schedule."

As for what happened after that, my memory pretty well fails me.

Part of the time I tried not to listen. Now, I wish I had taken notes. I do remember that the Poor Thing was gradually starving to a shadow, because Freddy was half the time late for lunch, and when he did get home she had lost her appetite anyway. Then there was the devastating matter of telephone messages that had to be taken for Fred, and "you know how ghastly it is to be forever running up and down stairs."

In a way, it was a morbidly fascinating visit. In his college days Fred had always had an eye for attractive girls. Why, then, had he ever taken unto himself this particular little beaten-down bundle? We viewed her from the front, from the side, from behind, and gradually the explanation became clear: She had become a Wife. That paddling gait, the burden-stooped shoulders, the forward-tilted neck—these had not always been hers. Chances are, she had been an attractive lass before she changed character.

If that's what it means to be a Wife, I guess I can't be a real one. Before I was married, while my husband was interning, I used to meet him at midnight for ham burgers. I used to go on sanitary surveys with him, and pose with the pigs at the garbage centers. I read two mysteries, and wound up with Hemingway once while I waited at the hospital for him to finish with a delivery case. On his free afternoons, we used to go picture snapping together.

Now that I am married, we do precisely the same things. Definitely and surely, unreservedly, and unmartyredly, I *like* being married to a doctor.

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# When buying life insurance

*Attention to these suggestions will  
mean money in your pocket*

Shrewd buying of life insurance will enable any professional man to save money and augment his protection at the same time. The truth of this Utopian-sounding statement may be verified by reading the eight important cues that follow.

## QUARTERLY PAYMENTS

The premium outlay for life insurance is often increased unnecessarily by the practice of making quarterly or semi-annual payments. Paying quarterly, for example, invites an interest charge which is often expressed as 6 per cent but which may in actual fact amount to about twice that.

If, therefore, when you buy your life insurance, the annual premium on, say, \$10,000 is too hard to swallow in one dose (it may be later, even if it isn't today), buy ten separate policies, each for \$1,000, each on an annual basis, each falling due in a different month of the year. Only one medical examination will be required, and arrangements can be made for all ten policies to go into force simultaneously.

This procedure offers the advantage of a much smaller premium rates all interest charges.

## AUTOMATIC PREMIUM LOANS

It's sad, but true, that many an ordinary-life contract has been lapsed because of unintentional failure to pay the premium. The situation grows even worse when the individual can not pass a new "medical" and thus loses all hope of reinstating his policy.

This contingency can be avoided by requesting the inclusion in the contract of the so-called automatic premium loan clause. The company will then be authorized, should you default in the payment of a premium, to automatically deduct the amount due from the cash values of your policy.

Whenever the automatic premium loan clause is evoked, the company charges the premium as a loan against your policy at the usual five or six per cent interest—and your insurance is kept in force. You are notified, of course, at such time.

Not all companies offer the automatic premium loan provision. Those that do will include it in their policies without charge.

## CASH VALUES CONTRASTED

If you buy life insurance that has cash values, it is important to un-

*[Continued on page 104]*



*Mr. Arthur L. Miller*

## Radium's miracle man

☛ Of all the unsung daredevils who inhabit the realm of medical science, Arthur L. Miller deserves top ranking.

Miller is neither physician nor scientist. He is a Pittsburgh life insurance agent. Yet he enjoys an almost fabulous reputation among leading hospitals and clinics as an expert on radium.

During the past quarter century Miller probably has had more to do with radium than has any other living man. He helped make it commercially available; has handled over \$5,000,000 worth without mishap; and has fathered many of today's techniques for storing and using it. But the best proof of his ability lies in the fact—or miracle—that he's still here to tell about it.

Radium first met its Maecenas in 1914, when Art Miller was grad-

uated from Purdue in his native State of Indiana. He was dickering for a chemical engineering job in Honduras when Fate, in the person of Charles H. Viol, intervened. Viol was research director of Pittsburgh's Standard Chemical Company. The company was contemplating the manufacture of radium, then a practically unknown substance, and Viol had asked Purdue professors to recommend a promising young chemist. They suggested Miller.

Miller had no adequate idea of what Viol was up to. He didn't particularly care. He took the job because he thought Pittsburgh might be a nicer place to work than Central America. Besides Viol, Miller's colleagues at the laboratory were G. D. Kammer and Paul Hague. Kammer was a chemist from the University of Pittsburgh. Hague worked in the office and lent

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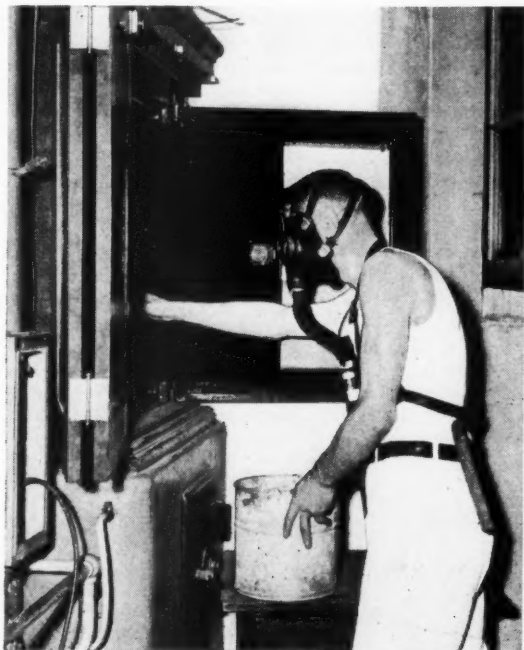
a non-professional hand in the lab.

These four, in October, 1914, turned out 1150 milligrams of radium in one "batch," the largest amount ever gathered together and finished in a single lot up to that time.

Orders were soon flowing in from European as well as American hospitals. The quartet filled them under conditions that would turn today's technicians pale with terror. There was no lead-lined laboratory; it was a glass-enclosed room, five feet square. It had no safeguards because its occupants didn't know any were necessary. With a platinum wire, they scooped the radium out of small silica dishes

and into glass tubes for shipment. The tubes were held in their bare hands. When Miller's fingertips got sore, he imagined it was from pressing them against the wire. Not until long afterward did he learn the cause: secondary radiations. Miller himself stands in awe of the way he juggled radium in those days. "It was an instance of fools rushing in where angels would tread lightly," he says. "In later years I fired men

*Gas mask protects Miller from fumes as he reaches into storage vault for radium flasks during transfer job at New York's Memorial Hospital.*



for things we did then as a matter of course."

With their product bringing \$125,000 a gram (present price is \$25,000 to \$30,000), the pioneers didn't worry too much about the danger to themselves. They were more concerned over the possibility of losing a grain or two of the precious element. Slowly their annual output rose from 9.6 grams in 1914 to 13.2 by 1920.

Largely because therapists didn't know whom else to consult, they began taking their radium troubles to Standard. Miller found himself invited to move and install radium at institutions from California to New York, Canada to Cuba. He plunged into this new specialty with the same boldness that had characterized him in the laboratory. Asked to transport a flask containing \$250,000 worth of radium, he simply tucked it in a cotton-lined box and carried it under his arm.

Experience gradually taught him the wisdom of safety devices. He added one after another until the transportation of radium became a highly complicated procedure. The transfer job he did for Manhattan's Memorial Hospital not long ago is a fairly typical example of his present methods.

The first thing Miller did on arrival at the hospital was to slip into a special uniform: rubber shoes, white trousers, under shirt, and white apron. The radium (valued at \$135,000) was in liquid form, in

lead-covered bottles stored in lead-cased safes. After a mercury pump had minimized gases given off by the solution, Miller went to work. With a glass-cutter, he snipped the tubing leading from the safe to the pump. He then plugged each flask with a rubber stopper. It was placed within a nest of alternate containers of pyrex, porcelain, and galvanized metal, separated from one another by layers of cotton. The whole arrangement was carried to a waiting station-wagon, where it was locked in a metal box screwed to the floor. Then, guarded by a police motorcycle escort, the car traversed the necessary five miles to the site of the hospital's new laboratories.

Miller was prepared for any eventuality, including a complete wreck of the car. In that case (and provided, of course, that he survived), he explains that he would have gathered up the fragments and sped them to the hospital. There, by another process of his own—sketchily described as "fractionation"—he would have retrieved the radium from the soaked cotton. Fortunately, he has never had to put this to actual test.

With the radium at its new home, Miller dons a gas mask for the final step: setting up the "plant" so that the substance is ready for medical application. This ordinarily requires about two hours. He then takes a shower to remove any gases clinging to his skin, and



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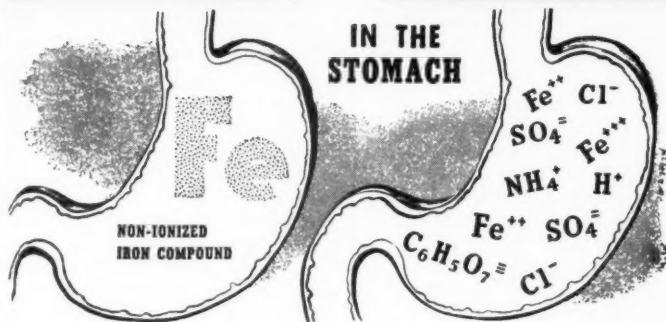
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# IONIZABLE IRON



MOST of the undesirable side effects noted after administration of iron salts in hematinic therapy are attributable to ionization in the gastric juice. Iron ions and acidic ions which are likely to produce astringent and irritating effects are released. And this may take place regardless of whether the salts be administered in pure form, in masked solution, or in sugar-coated tablets. But the iron in OVOFERRIN is in colloidal state—not in ionic form. It is *not* affected by the gastric juice. It is stable and cannot irritate. Indeed, it actually appears to stimulate the appetite. In the intestine, iron

salts are precipitated by the alkaline medium and are thus rendered relatively inert. This precipitation is accompanied by a dehydrating effect. Since OVOFERRIN arrives in the intestine in the form of a stable, colloidal hydrous oxide, it remains assimilable and does not dehydrate the intestinal contents.

These intrinsic advantages of colloidal iron over ionizable iron make OVOFERRIN the ideal hematinic and iron tonic. Its palatability, its freedom from odor and staining properties (likewise the result of its colloidal form) assure patient co-operation in all types of patients.



**PRESCRIBE**

## OVOFERRIN

**THE RAPID BLOOD BUILDER**

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# Hypertension

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Preference for this medication in the treatment of hypertension is based largely on the long-lasting results obtained.

Nitroscleran is a preparation of Sodium Nitrite in saline solution, potentialized with phosphates of sodium and potassium; administered by intravenous or subcutaneous injections. The preparation is stable and does not deteriorate.

Dyspnea, insomnia, headache, and vertigo quickly disappear; the blood pressure is decreased—and of great importance, the improvements gained do not cease when treatment is discontinued, but instead, are very protracted.

NITROSCLERAN in visual disturbances is amply treated in the literature and widely employed by ophthalmologists. Ask for special literature.

Supplied in 1 cc. ampuls, in boxes of 6, 30 and 100 ampuls. Also available in the form of soluble crystals for oral administration. Ask your local physicians' supply house, or write to **E. TOSSE & CO., INC., 6500 Second Ave., Brooklyn, N. Y.** for literature. Export Managers: Comimex, Inc., 2 West 46th St., New York, N. Y.

● Other Tosse products include: **BIS-MOGENOL** (antiluetic), **EKZEBROL** (antipruritic), **KAVALACTOL** (for inflammation of the urinary tract.)

changes his clothes. His day's work is over. For it, he usually receives from \$250 to \$500. Memorial paid him \$1,000, his biggest fee to date.

As a tracer of missing radium, Miller would put a Sherlock Holmes in the shade. Once he was called upon to look for a radium needle in a snowbank—and found it. Another time, in Oklahoma City, he recovered \$10,000 worth of radium that literally had been cast before swine. It had been tossed into a garbage can, and the garbage hauled to a pig farm. An expert who preceded Miller in the search had planted a stake in the pig pen, proclaimed that the radium was within ten feet, and refused to go further. Miller located the metal almost underneath the stake. "I wonder why he didn't pick it up," he comments, in telling the story.

Radium isn't often stolen. Miller offers several reasons for this. "The ordinary thief couldn't find a 'fence' who could dispose of the stuff," he observes. "Such radium would be 'hot' in more ways than one. If the thief didn't handle it with gloves, so to speak, he'd soon need treatment himself. Commercial radium, too, is nearly always registered by the seller. Even if its form is changed, it's easy to determine the original amount." Miller has come across only one instance of what he believes to be a radium robbery. The suspect was a physician. So clever was he that Miller never was able to obtain the kind of evidence that stands up in court. That radium is still unrecovered.

The well known case of the women who supposedly acquired radium poisoning while painting luminous watch dials in a New Jer-

sey factory was a natural for Miller. He remains unconvinced, however, that they actually suffered from the condition. On this occasion, rival radium experts seized the opportunity to test Miller himself. To his surprise, they pronounced him "non-active."

Through the first dozen years of his career, Miller apparently bore a charmed life. He did not, to be sure, emerge entirely unscathed. Today he is besieged by minor respiratory and dermatitic infections that he blames on the weakening of his resistance by radiations. His fingertips can be twisted like putty. And while setting up a plant in Fresno (Calif.) Hospital, he acquired an infection that cost him part of a thumb. After ten operations, the infection was stopped by treatment with—of all things—radium.

Such physical effects are now more or less expected in this occupation. But Miller was hardly prepared for the cataclysmic chain of events that hit him in the late Twenties. It began with the death of his old colleague Kammer, from leukemia which the doctors said was due to radium over-exposure. Two weeks later, Hague succumbed. This time the disease was diagnosed as aplastic anemia. Again physicians named radium as the basic cause. Not long after, Viol became the third of the quartet to go. He suffered a radium burn on a finger, postponed amputation, and quickly passed away.

By this time, Miller wasn't feeling very well himself. "I couldn't put my finger on anything wrong," he relates. "I just had no endurance. I took a rest and came back to work. Soon I was as tired as be-



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fore." Alarmed, he retired to the Adirondacks in an attempt to regain his health, but returned to undertake a radium installation at Wisconsin General Hospital. The effort it required brought home the realization that some change was necessary if he was to escape the fate of his co-workers. His situation, as he viewed it, was not pretty. "I had intended making radium my life's work," he says. "Yet it was plain that if I did, I'd have a short life." After much gloomy pondering, he decided to start all over again in a field removed as far as possible from radium. His nomination was life insurance.

In 1929, Miller became an agent for Phoenix Mutual. But he still couldn't get away from radium. If, as he declares, he was "content never to handle any more radium," his former clients paid little heed. They dangled increasingly attractive offers before his eyes until he gave in. He went back to moving and installing radium, but only as a sideline.

During the past ten years, Miller has combined both professions with such success that he is now not only tops among radium-movers but is also a chartered life underwriter. He sees no incongruity in

this. Occasionally, however, a policy prospect interrupts his sales talk to inquire if he is "the radium Miller." This annoys him because "then it's a problem to keep the talk on insurance—where I want it."

Years of familiarity with radium have naturally given him some theories of his own. For example, he believes that it can both cause and cure warts. And he declares that prolonged exposure to its radiations may produce incurable cancer.

Miller is also convinced that radium possesses unknown therapeutic qualities which will be unveiled in the future. What these will be he won't venture to guess.

—ARTHUR J. GEIGER



**CHANGEABLE PICTURES:** Because patients appreciate an occasional change of scenery, many physicians have long followed the practice of periodically changing the pictures on their reception-room walls.

Now even the little effort required to do this can practically be eliminated. Picture frames with removable backs are now sold together with sets of six interchangeable prints. A flick of the wrist—and new vistas unfold for your patients.

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# Public speaking for physicians

## 8. SOME POINTS ON DELIVERY

For the medical speaker, fist-pounding oratory is in a class with side-whiskers. Bad taste likewise condemns the physician who sounds like a jury-charming district attorney. The doctor's public address should be the antithesis of such bombast. His delivery should be conversational rather than oratorical.

No elaborate instructions are called for. The way you use your voice in everyday speech is your safest guide. While on the platform you are expected to be more concise, better organized than in conversation. But qualitatively, the delivery is no different.

Chief mistake of the inexperienced speaker is his failure to "let go." He talks too quietly, too soberly, too colorlessly—especially if he is chained to a script. Ideally, once his subject is mastered, the speaker should let his thoughts tumble out exuberantly.

Suppose you were trying to persuade a pair of reluctant parents to allow a life-saving treatment on their son. Think how definite, how vigorous you'd be—how you'd sweep away silly objections, and show impatience and irritation at selfish refusal to do something for a child's health. Put that same fire into the public address. Think of those staff room discussions. Re-

call how heatedly you defended or attacked a political project, how you crackled with contempt or explosive rejoinder to a colleague's challenge. The exuberance that energizes you in private discussion can be poured out from the rostrum—provided you're interested in your subject.

No need to fear that if you let go you'll become ungrammatical. Better a naturally flowing, colorful, lively talk that splits infinitives or leaves participles hanging, than a rhetorically polished, precisely worded monotone.

How fast should you talk? Best rate is about 120 words a minute. Adjust it to the audience's rate of assimilation. Go more slowly when bewilderment indicates that you are outpacing the listeners; more rapidly when your enthusiasm spills out to emphasize and re-emphasize one salient point.

How fast is 120 words a minute? Time yourself. Select a book page, count out a thousand words, and read it aloud at your natural tempo while someone clocks you. If you raced through the thousand words in five minutes, you'll realize that your natural speed is 200 a minute, and that in public you must go more slowly. If it took you twelve minutes, your natural voice is calculated to make listeners

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about the NEW "DUAL"**

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**COMBINATION BATH AND TABLE**

It's the last word in convenience—A combination baby bath and dressing table for use in the bathtub or on the floor. Eliminates stooping, stretching and strain. Easily carried from the bathtub to the nursery or most convenient place where it will stand on the floor for dressing and changing the baby, to save the busy mother's time.

**DOCTOR:** Write for free booklet, and special discount for use in your own family. Baby Bathinette Corporation, Dept. E, Rochester, N. Y., Sole Manufacturers of the "Bathinette"

\*Trade Mark Reg. U. S. Pat. Off. and Canada



want to stick a pin into you.

If you have a stenographer, ask her how fast you talk. She'll know her own dictation capacity, and can probably gauge your rate with fair accuracy.

Try various speeds. You'll soon learn how to set your pace to meet a reasonable requirement. It needn't be exactly 120 words a minute, of course. It can be 105 or 110 or 130.

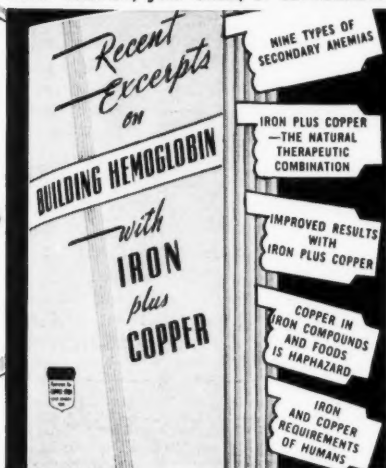
Don't worry about gestures. If your hands are free, and if you talk with normal enthusiasm your gestures will be as automatic as in private conversation. It's unwise to try to curb or dispense with these habitual aids to expression. Just be natural.

To lend emphasis to a point, you needn't raise your voice appreciably. Instead, try reducing your tempo. Suppose you're saying "This disease costs society \$22,000,000 a year," and that you want to emphasize that cost. Say it first at the natural speed. Then add, speaking very slowly and deliberately as you roll off the numbers, "twenty-two million dollars—(now a little faster)—a year, ladies and gentlemen—(now repeat again slowly)—twenty-two million dollars."

Another aid to emphasis is the eloquent pause. Needless to say, this differs from the accidental pause which occurs when your mind suddenly goes blank or you drop your notes. An eloquent pause is purposeful. The break gives emphasis. It affords time for the idea to etch itself into the listener's mind. It drops a curtain of hush on the audience that suddenly focuses interest, and allows the speaker a moment to catch his breath. It sets the effective speaker apart from the

**FOR YOU -  
THIS NEW  
24 PAGE  
BOOKLET OF  
CONCISE EXCERPTS  
FROM 24 SOURCES  
ON SECONDARY  
ANEMIA**

**SEND COUPON, your CARD, or LETTERHEAD**



hemoglobin. Why not use Copper-Iron Compounds in which these two necessary elements are not only present, but *present in proper proportions*? Why not simplify your medication by using smaller, more easily tolerated, yet more effective dosage. Why not use this improved method which restores individuals to normal activity more quickly?

Prescribe Copper-Iron Compounds licensed by the Foundation under the famous Hart patent and distributed by various reliable pharmaceutical houses. These products are entitled to the Foundation Seal of Approval, and are tested periodically whether the Seal appears thereon or not.

Use the coupon **TODAY** for your *Free* copy of this valuable booklet.

this new booklet, carefully classified under sixteen important divisions, is currently vital information that you would, otherwise, spend hours of reading to accumulate.

"Recent Excerpts on Building Hemoglobin with Iron Plus Copper" is just off the press. It gives you in 24 compact pages, 50 authoritative and highly informative excerpts gleaned from 24 different recognized medical journals and books.

This digest of evidence cites the work of many investigators who have demonstrated the faster, higher and more reliable response obtained in secondary and nutritional anemias *when copper is used with iron*.

**Copper Catalyzes Iron**

Copper has been demonstrated to be both essential and specific for utilizing iron for



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Send me your NEW Booklet, "Recent Excerpts on Building Hemoglobin with Iron Plus Copper." (ME--341)

M.D.

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**MAIL COUPON NOW**



amateur who races breathlessly through his text.

The eloquent pause is utilized in two situations: (1) at the end of an idea-unit; and (2) after some statement of unusual significance. To illustrate the first situation:

You have finished describing diagnosis, and are about to discuss treatment. This marks a logical break in the idea-stream. You round out your consideration of diagnosis by saying: "These, then, are the methods of diagnosis," or "It is by these methods that your doctor swiftly and accurately puts his finger

on the disease." Now you pause a moment. The idea of "diagnosis" as one phase of medicine sinks in. You relax a moment, glance at your notes, and then go on to the next subdivision of your topic.

In certain cases it is possible to heighten the pause for emphasis by interjecting. "Think of that!" A device like this is often useful in underlining statements of unusual significance. Yet it is not always called for. Notice how a pause alone makes the point stick in this example: "Sensible dog control laws have kept Australia free of rabies. During the last twenty years, not a single case has occurred in that country—not one single case, year after year. It was done in Australia. It can be done here . . . (pause) . . ."

During the eloquent pause, the experienced speaker remains motionless a moment, looking quietly at his audience. If he has occasion to refer to notes before continuing, he lets his eye sweep the card just as he is about to start. The slight motion of head and eyes becomes part of the gesture of resuming speech.

What to do if your mind suddenly goes blank? It happens to the best of lecturers. The latter fall

---

**TEST-TUBE CLEANER:** After a strong plus reaction in a sugar determination, test tubes commonly retain a yellow or brown film inside. This can be removed with a pinch of bicarbonate of soda and a test-tube brush, but the method usually involves messiness and wet hands.

A better way, I've found is to add a few drops of concentrated ammonium hydroxide (which I keep in a dropper bottle for the acetone test) to the stained tube. Generally, the film will dissolve in a matter of seconds, and after a few rinses the tube will be thoroughly clean. If the film is stubborn, the reaction can be accelerated by boiling the drops of ammonium hydroxide.—A.W.F., M.D.

## NEW FOOT RELIEF

WHERE 7 IN 10 NEED IT—AT BALL OF THE FOOT

**Dr. Scholl's LUPAD**

It is a dainty, feather-weight elastic cushion that slips over fore part of foot. Fitted with an adjustable pad of soft Latex Foam which pillows and supports the Metatarsal Arch, relieving pains, cramps, callosities, burning sensations at the ball of the foot. Dr. Scholl's LuPAD is especially recommended for women who wear high heel shoes. Relieves shock and pressure on sensitive spot. Weighs but a fraction of an ounce. Sizes for men and women. \$1.00 pair at Drug, Shoe and Department Stores. THE SCHOLL MFG. CO., Inc., Chicago, Ill.





Prescription package contains Zoni Cream, diaphragm and applicator. Removable label.

## ZONI CREAM ... in a NEW CONTRACEPTIVE PRESCRIPTION PACKAGE

**An advanced complete method...  
offering instant spermicidal effect**

**T**HIS new Zoni Cream contraceptive prescription package is the result of years of exhaustive laboratory study and consultation with leading gynecologists. It contains:

(1) An ingenious applicator which assures perfect application of the cream. (2) A scientifically developed diaphragm (included by your pharmacist in any size you prescribe: 60-65-70-75-80-85-90 millimeters). (3) A tube of Zoni Cream.

Zoni Cream is an advanced vaginal jelly of many advantages. It is pure white—stainless. Has a clean antiseptic odor and deodorizing action. Is easily removable with water. Most important, however, is the fact that Zoni Cream possesses instantaneous spermicidal effect on contact. The same active antiseptic-releasing

principle as employed in Zonite is offered in addition.

Your druggist now has, or can obtain, this advanced contraceptive prescription package.

If you have not seen Zoni Cream, we shall be glad to send you a package, if you will request it on your professional letterhead and sign the request personally. Write to Zonite Products Corporation, 370 Lexington Ave., Dept. 3317, New York City.

### PACKAGED 4 WAYS

1. Contraceptive Prescription Package which contains the Zoni Cream Tube, Applicator and Diaphragm (Illustrated above)
2. Zoni Cream with Applicator
3. The Zoni Cream Tube Package
4. Zoni Diaphragm in sizes: 60-65-70-75-80-85-90 millimeters

## ZONI CREAM and ZONI DIAPHRAGM

*Contains chloramine in a special semi-viscous cream base*

**FOR RECOMMENDATION AND PRESCRIPTION BY PHYSICIANS**

back on three devices to bridge this emergency. One is to convert the blank into what passes for an intentional pause, where possible, thus gaining time to collect your thoughts—or your notes. Another is to look quizzically toward the back of the auditorium and ask if you are talking loudly enough. While a listener in the rear is making up his mind to call “yes,” you concentrate on the missing link.

Third trick is to repeat or rephrase the last sentence. This can be almost automatic. For example, you have just said: “Headache is only a symptom, and should not be treated by itself.” Suddenly your mind goes blank. While trying to remember the next division of your talk, or while looking for the note, you can repeat: “Only a symptom—merely a signal of disease—not the disease itself.” If you need still *more* time, you can fashion another variation on the same theme. “Not the disease itself—the underlying disease may be something very different, something serious or something trivial, but it is that underlying condition that needs treatment.” Technically, of course, this is bad speech making. But it makes sense; and it’s no more wordy than a good many carefully written speeches we

have all heard.

Related points on delivery have already been considered in prior articles. Review especially the following: “Platform Mechanics,” Jan. (1941) issue; also, “Preparing the Notes and Outline,” Jan. (1940) issue; “Opening Remarks,” May (1940) issue; “Words Without Notes,” Aug. (1940) issue.

Still other aspects of delivery will be considered in subsequent articles.—J. W. HENDERSON, M.D.

## Union cards for doctors?

[Continued from page 58]

plumbers with urologists would plunge the profession quickly to the less-esteemed level of these trades.

A union is most effective in its bargaining with an employer. A medical society can not sit down and bargain with the public.

Medicine focuses, traditionally, on service to the community. Labor focuses on protection of its members. Can organized medicine make public avowal of such a shift of emphasis?

Opponents of unionization admit that in union there is strength. But some things, they believe, are more important than strength.



**ANDRON**

FOR PREVENTION  
OF  
*Venereal Disease*  
IMMEDIATELY AFTER EXPOSURE

Andron, the original chemical prophylactic tube, kills venereal disease germs immediately after exposure. It is highly germicidal, harmless to tissues, and easy to use. Recommended by doctors for over 28 years. Send for free tube and educational booklets for distribution to your patients.

## ANDRON

Div. Zenite Products Corp.  
Dept. 24, 370 Lexington Ave.  
New York



Dear Doctor—can you use this piece of string?

**A**PIECE OF STRING comes in handy to tie around your finger when there's something you want to remember. We use it here to remind you that...

**1. The caffeine in coffee,** (even in small amounts), may dull the sense of fatigue, at the same time causing the sleeplessness that robs the system of rest. Also, as you well know...

**2. The use of coffee** may be contraindicated in certain cardiac and nervous conditions. If continued, its use may cause loss of appetite, pulse irregularity, constipation, diarrhea, etc.

**NOTE TO DOCTORS:** Try Sanka Coffee yourself—at our expense. Mail the coupon for a quarter-pound can. Sanka Coffee has been accepted by the Council on Foods of the American Medical Association with the statement: "Sanka Coffee is free from caffeine effect and can be used when other coffee has been forbidden." Sanka Coffee is available in "regular" grind, and in the popular, new "drip" grind. Make Sanka Coffee strong... a heaping tablespoon to a cup. A General Foods Product.

**3. And the effects** of caffeine, like the effects of any stimulant, may last as long as 48 hours, in many cases!

**4. Many physicians,** at the first sign of harmful effects from caffeine, tell the patient to "Switch to Sanka Coffee." Because Sanka Coffee is 97% caffeine-free, and so cannot produce any of the harmful effects due to caffeine.

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**SANKA COFFEE**

REAL COFFEE—97% CAFFEIN-FREE



M. E. 3-41

GENERAL FOODS,  
Battle Creek, Mich.

Please send me, free and without obligation,  
a one-quarter pound can of Sanka Coffee.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

This offer expires December 31, 1941  
Good only in the U. S. A.

## LOCATION TIPS

*A free service to M.D.'s seeking places in which to practice*

⊛ An up-to-date list of towns in which physicians have just died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available to any reader on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that they amply merit investigation.

Only those communities are included in the list which have less

than 50,000 inhabitants and in which the ratio of physicians to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They thus constitute the most complete and timely list available anywhere, due to the magazine's comprehensive circulation (more than 135,000 monthly).

NOTE: Readers are cordially invited to submit names of towns in which vacancies have occurred. Address them to MEDICAL ECONOMICS, Rutherford, New Jersey.

## *for Topical Anesthesia—* **apply — DERMA MEDICONE**

**Pruritus ani et vulvae**

**Pruritus scroti**

**Pruritus senilis**



**Pruritus hiemalis**

**Pruritus of mycotic infection**

**Pruritus universalis**

## THE CALL YOU DIDN'T HAVE TO MAKE

**THREE A. M.** It seems that you had just snatched the first minutes of sleep after a wearisome day of long hours. The telephone jangles you awake. It's your patient's wife, excited, asking you to come right over. Her husband is groaning with pain in his stomach. You whip your tired brain, ask a few questions. You know your patient. "Give him a teaspoonful of the powder I prescribed last week. Repeat the dose in an hour, if necessary." And, confidently, you try to catch up with sleep where you left off. You know that Cal-Bis-Ma will give relief to the patient, and—incidentally—bring opportunity for recuperation to you.

You may be saved many an unnecessary call in the night if you prescribe Cal-Bis-Ma for "emergency" as well as regular use, in those cases where the distressing nocturnal pain of gastric hyperacidity is likely to strike with suddenness. Cal-Bis-Ma can be depended upon to neutralize excessive acidity promptly, and yet with prolonged effect; it adsorbs gas produced in the reaction between acid and alkali; it does not provoke secondary acid rise. And Cal-Bis-Ma is very easy to take, because it is palatable. Please ask for a trial supply on your letterhead.

# CAL-BIS-MA



**WILLIAM R. WARNER & CO., INC.** 113 WEST 16TH STREET, NEW YORK CITY

## Ready for inflation?

[Continued from page 68]

prudent investor will keep sufficient cash reserves at all times to meet any temporary emergency that may arise.

Normally it is considered good investment policy for the active professional man to place about 50 per cent of his investments in high grade bonds (federal, State and municipal securities and investment grade corporate issues whose income return follows closely the course of the money market). In these uncertain times, however, the investor is warranted in restricting his holdings in such prime bonds. Their price is high and the income return is low.

### THE BOND PICTURE

The mobilization of American finance to foot the war bill and the consequent tendency to inflation and firmer money rates ultimately may depress the price of high grade bonds where other uncertainties have failed to do so.

Administration policy on financing the war may have considerable bearing on the future course of the bond market. For the Government can and does exercise considerable control over bond price movements. Some have contended that Government bonds have been maintained at artificially high prices for several years. Not long ago the Secretary of the Treasury attributed a temporary decline in federal bonds

to certain proposals recommended by the Federal Reserve Board which would, in effect, tend to tighten money rates.

For those who feel favorably disposed toward high grade bonds—and there still are many who do—United States savings bonds are one of the best investment media available today. They may be procured in amounts up to \$10,000 maturity in any one year, and similar amounts may be acquired in the names of other members of the family. Of course, these bonds do not offer immediate income, since interest on them is not paid until maturity.

A preference for medium grade bonds and sound preferred and common stocks appears more conservative at this time than the ordinary insistence on the highest caliber bonds. Secondary bonds and preferred stocks, like prime bonds, are fixed-income types of securities, yet provide somewhat better yields. Especially attractive from the standpoint of income are the so-called "cushion" bonds and preferreds. These are issues that may be retired or refunded at an early date and consequently sell close to their call price, whereas they often are as thoroughly sound an investment as the higher priced non-callable securities.

Even the speculative railroad and other sub-quality bonds—with their liberal income returns—are in a strengthened position. Due to

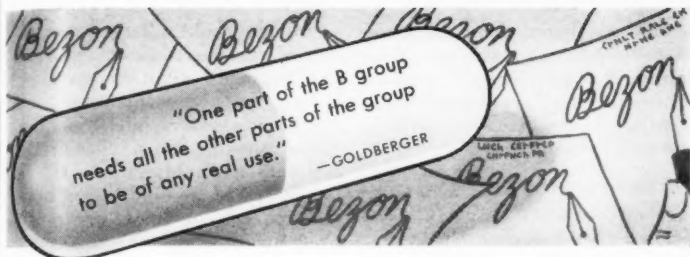
**EFEDRON** *Prescribe*  
**HART NASAL JELLY**  
*to relieve nasal congestion*

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**BE** sure your patients are receiving all the factors of the B Complex in proper dosages—prescribe whole Vitamin B Complex as derived from natural sources.

Numerous investigators have demonstrated, clinically and experimentally, the superiority of natural whole B Complex to synthetic mixtures of thiamin chloride, riboflavin, nicotinic acid, B<sub>4</sub> and B<sub>6</sub>.

Hence we submit

## BEZON

Trade Mark

### WHOLE NATURAL VITAMIN B COMPLEX

Bezon is derived from natural sources—brewer's yeast and an extract of corn processed with *Clostridium Acetobutylicum*. Each capsule contains:



together with all the other known members of the Natural B Complex.

Maintenance Dose: one capsule per day.

**BEZON** is available in bottles of 30 capsules—a month's supply.



## NUTRITION RESEARCH LABORATORIES

4210 Peterson Avenue • Chicago, Illinois

the defense boom these marginal issues have better earnings protection for their interest requirements. However, good common stocks usually are considered a mere conservative investment.

#### COMMON STOCKS

In sharp contrast to the meager yield afforded by high grade bonds, most of the better common stocks are selling at fairly low levels in relation to current earnings and dividend payments. Hence the in-

vestor may hold a larger proportion of common stocks at this time than prudence might dictate under normal investment conditions.

Common stocks fall into three broad classifications: industrials, railroads, and public utilities. There are good, bad, and indifferent equities in each of these groupings. Consequently, the investor must pick the issues that are most suitable for his purposes.

For the physician who invests principally for income, stocks in the relatively stable industries merit his attention. Tobacco, food, drug products, gold mining, public utility operating companies, and merchandising are among the consumer-goods trades that may be listed in this category.

Each of these industries has outstanding companies, both large and small, whose steady earning power has enabled them to weather the depression without a lapse in dividend payments. The prospect of higher taxes may obscure the outlook for some concerns in the light consumer industries, but in most cases the additional tax burden will not be sufficiently large to endanger dividend disbursements.

*[Turn the page]*

#### FREE RECORD-KEEPING BOOK:

A new book on "Simplified Record Keeping for the Physician"—which includes 48 pages of text, numerous charts, twelve collection letters, and a convenient index—is now offered free of charge to physicians by a leading pharmaceutical manufacturer. The book is designed to enable any physician, no matter how inexperienced, to set up a complete book-keeping system for his own use. Records kept in accordance with this system provide cumulative totals from which the doctor can compute his income tax directly and without further checking. The blanks and forms used with the system are available at nominal cost. MEDICAL ECONOMICS will forward requests.

# COOPER CREME

ONE SPERMICIDAL CREME GIVEN HIGHEST RATING BY THE PROFESSION  
TESTED BY TIME PROVED BY EXPERIENCE  
WHITTAKER LABORATORIES, INC., 250 W. 57th STREET, N.Y. YORK, N. Y.

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COLDS



## R OLIODIN (Iodized Oil Compound) 2 oz.

The action of this Iodized Oil Compound, differs from other nose and throat preparations. Oliodin produces a mild hyperemia with an exudate of serum, thus depleting the tissues. Try Oliodin in connection with forms of treatment you may be using in the nose, such as Tamponage, sprays, etc.

Free trial samples sent on request.

THE DE LEOTON COMPANY, Capitol Station, Albany, N. Y.

# ONE OF THE *Biggest Little Things* IN MODERN NUTRITION



*The tiny wheat germ, one of Nature's richest sources of vitamin B<sub>1</sub>, is one of the biggest little things in helping to protect against vitamin B<sub>1</sub> (thiamin) sub-nutrition in modern diets.*

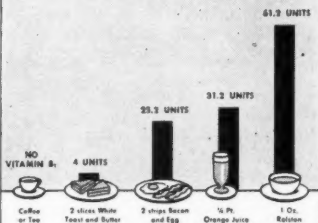
Take breakfast, for example. The accompanying chart shows how Ralston, enriched with natural wheat germ, doubles the vitamin B<sub>1</sub> in the average breakfast. Each ounce serving supplies 61.2 International Units of vitamin B<sub>1</sub>—considerably more than whole wheat itself, much more than most other wheat cereals.

And most important, you'll find that Ralston provides an appetizing, easy and economical way to increase your patient's vitamin B<sub>1</sub> intake. Its rich whole wheat flavor appeals to young and old. It costs less than a penny a serving, cooks in 5 minutes and supplies not only extra natural wheat germ, but also the other valuable nutrients of whole wheat.

**FREE TO DOCTORS:** New illustrated 20-page bound book, "Whole Wheat and Its Importance as a Natural Source of Vitamin B<sub>1</sub> (thiamin)," and a generous supply of samples. Simply write request on letterhead and address to Ralston Purina Company, 945C Checkerboard Square, St. Louis, Mo. (Offer limited to U. S. A.)



## HERE'S HOW RALSTON WHEAT CEREAL DOUBLES THE VITAMIN B<sub>1</sub> CONTENT OF THIS AVERAGE BREAKFAST



Ralston supplies 61.2 International Units of vitamin B<sub>1</sub>. These other commonly used foods supply 60.4 Units. (If 1/2 pint of milk is also served, the vitamin B<sub>1</sub> content will be increased 31%.)

# Ralston

puts the B<sub>1</sub> in Breakfast



## SLOW GRINDING

*... the Marvel behind*

## VIM SMOOTHNESS

*Slow-grinding* produces the smooth-acting syringe that frees you of exasperating leakage and backfire, of faulty, "sticky" action.

*Slow-grinding* matches each piston and barrel to an individually exact fit within 1/10,000". *Slow-grinding* is the marvel behind the velvety smoothness and tightness of VIM Emerald Syringes.

And because *Slow-grinding* does not injure the temper of the glass, VIM Emerald Syringes maintain their accuracy and smoothness indefinitely. The *Slow-ground* VIM is the longest lived, lowest-cost-to-use syringe you can buy.

All standard sizes; order from your surgical instrument dealer by the name VIM.



## STOCKS FOR APPRECIATION

On the other hand, for the investor who is more interested in enhancement of capital, the stocks of the heavy "prince or pauper" industries deserve first attention. The machine tool, railroad equipment, and steel industries in this group were discussed in the September (1940), December (1940), and January (1941) issues of MEDICAL ECONOMICS. Also in this group are the railroad, electrical equipment, and related industries, whose shares are now commonly tagged as "defense" stocks. Although the common stocks of companies in this field have advanced the impetus of the defense program, they nevertheless remain among those equities best situated to reflect the mid-term tides of business activity. War-time taxes will place a ceiling on their profit potentialities. Even so, their profit outlook is good.

## WHEN TO BUY AND SELL

As a rule, defense stocks should be acquired in the early stages of an armament program and be liquidated to a large extent by the time the program approaches its culmination. In fact, the physician's entire investment policy will need revision when the pendulum again swings in the direction of a peacetime economy. Proper timing is a first essential in any sound investment program.

For the physician who desires an investment hedge against inflation, there are certain types of stocks that afford some measure of protection. Most prominent in this connection are petroleum and mining companies such as the gold, copper, zinc, and nickel producers. These companies have vast under-

*Coughs remind many physicians of the comfort given their patients when treated with*

# **Diatussin**

ERNST BISCHOFF COMPANY, INCORPORATED • IVORYTON, CONNECTICUT

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ground resources—tangible assets that cannot be swept away.

It is quite possible that severe economic disturbances may follow the war boom. To re-emphasize: When it appears evident that armament spending soon will be over, speculative bonds and stocks should be liquidated. Re-investment of the proceeds in quality bonds and other fixed income-bearing securities logically follows when the inflationary tide recedes.

### The consumer movement

*[Continued from page 66]*

ganization. Moving spirit of CU was and is Arthur Kallet, who had been an executive in CR. By an astute use of magazine, newspaper, direct-mail, radio, and motion-picture advertising, Kallet soon boosted CU's circulation past CR's level, and on to new highs. Estimated present circulation is 100,000.

The services supplied by Consumers Union, at \$3.50 a year, closely parallel those of CR. But there are several notable differences between the two organizations. CU is visibly more aggressive, more unrestrained, and distinctly leftist. It interests itself in la-

bor and social questions and minces no words in editorial comment. While Consumers' Research regards the cooperative movement with mild disapproval, CU fosters it energetically and encourages members to join this and similar causes. One final difference is that CU subscribers become "members" and are theoretically entitled to a voice in management, while CR subscribers are not.

#### ADVISERS AND CONSULTANTS

The monthly bulletin, known as Consumers Union Reports, has a special medical adviser, Dr. Harold Herbert Aaron, of New York City. Dr. Aaron is 37, an internist, and the author of two books ("Our Common Ailment, Constipation: Its Cause and Cure" and "Good Health and Bad Medicine, A Family Medical Guide").

Listed as medical consultants are Dr. Anton J. Carlson, professor emeritus of physiology at the University of Chicago; and Dr. Theodor Rosebury and Dr. Marion B. Sulzberger, assistant professors of bacteriology and clinical dermatology, respectively, at the College of Physicians and Surgeons, Columbia University. *[Turn the page]*

## DOUBLE ACTION — SINGLE DOSAGE

- (1) Acidifies the Urine
- (2) Liberates formaldehyde

RIEDEL & CO.,

# HEXALET

Sulphosalicylic Acid (60.9%)  
Methenamine (39.1%)  
BROOKLYN, N. Y.

## in UROGENITAL INFECTIONS

### PELTON INSTRUMENT STERILIZERS

The sterilizer that cuts off and stays completely off when forgotten. The world-wide standard. Full-Automatic or 3-speed control. Table or cabinet models. Catalog free.

THE PELTON & CRANE CO., DETROIT





## “PELLAGRA? No...”

THE external appearance of such a hand is certainly anything but pellagrous. Nor, in all probability, does such a patient show any clear-cut sign of deficiency disease.

BUT, if the patient in question follows the dietary regimen of a great many Americans, she probably has no more than bare minimal supplies of numerous vitamin factors. And if she becomes pregnant, or undergoes a prolonged period of illness, her vitamin reserves will almost inevitably fall to the point of “subvitaminosis” with a consequent variety of obscure symptoms ranging from “indigestion” to atypical dermatoses.

These are familiar facts to almost every practitioner. What we wish to emphasize is that as a source of maintenance dosage of the more significant vitamin factors

### WHITE'S MULTI-VI CAPSULES

provide exceptional dependability and convenience.

Each capsule contains:

Vitamin A	10,000 U.S.P. units
Vitamin B <sub>1</sub>	200 U.S.P. units
Vitamin B <sub>2</sub>	100 Gamma
Vitamin C	500 Internatl. units
Vitamin D	1,000 U.S.P. units

Supplied in packages of 24; bottles of 100 and 500.



*Ethically promoted—not advertised to the laity.*

**WHITE LABORATORIES, INC.**

NEWARK, NEW JERSEY

A note accompanying the medical section of the Reports explains that the consultants are sources of opinion on subjects which lie within their fields, but that on all other medical matters, CU and Special Adviser Aaron are responsible for the points of view expressed.

CU publishes articles on such subjects as antiseptics, health insurance plans, glands and glandular products, diets and nutrition. A good deal of space is also devoted to the vigorous criticism of certain patent medicines.

One series that appeared in CU's Reports instructed the consumer on how to buy satisfactory medical attention. The first article, by Dr. Henry E. Sigerist, leftist professor of medical history at Johns Hopkins, presented the view that socialized medicine was the inevitable consequence of modern industry. Succeeding articles developed the thesis that the fee-for-service system was outmoded. Through group health organizations, readers were told, they could receive adequate medical care at reasonable rates.

#### HOSTILE TO A.M.A.

The criticisms exchanged by CR and the A.M.A. pale in comparison with the animadversions directed by CU against organized medicine. To wit: The House of Delegates is "democratic in theory, machine-controlled in fact." The A.M.A. is no better than a "medi-

eval hierarchy." Etcetera.

Consumers Union sent a representative to the National Health Conference, endorsed the recommendations of the Technical Committee on Medical Care, and strongly urged its members to support the Wagner health bill.

#### EVALUATION OF CR, CU

The testing agencies are credited on the one hand with having pioneered a new territory vital to the public welfare. They are accused on the other hand of sins ranging from racketeering and unscientific testing to the spreading of communism by gnawing at the foundations of private enterprise. Any attempt to judge them impartially demands an understanding of the following facts:

The testing agencies have at times had an indisputably good case, while they have at other times displayed unmistakable bias. An example of the former is their attack on flagrant nostrums; while an example of the latter is the untimpered enthusiasm displayed by CU for unproved systems of medical care.

In the opinion of many observers, an important cleavage separates the two main agencies. CR's prime purpose appears to be product-testing; the most radical assumption it makes is that advertising is usually suspect. The aims of CU are more intricate; testing seems less an end than an instrument for the foster-

*in Otitis Media*

ANALGESIA — BACTERIOSTASIS — DEHYDRATION

**Auralgan**

THE DOHO CHEMICAL CORPORATION      New York - Montreal - London

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# In G-U Infections SERENIUM

Alleviates the distressing symptoms  
and checks the infectious process

The distressing symptoms of genito-urinary infections are usually alleviated, the patient is made more comfortable and frequently the duration of the infection is shortened, when Serenium\* is used.

An important advantage of this orally administered urinary antiseptic is its comparatively low toxicity index and its wide margin of safety. It may be used over a considerable period without producing undesirable systemic by-effects and may be employed advantageously between courses of mandelic acid or following sulfonamide therapy.

Characterized by its high purity and uniformity, Serenium produces a sustained bacteriostatic effect on pyogenic organisms present in the urine. In gonorrhea and such infections as pyelitis (pyelonephritis) and cystitis, Serenium

not infrequently produces clinical improvement.

**Produces Good Results in Acid or Alkaline Urine . . .** Serenium, because it is effective in either acid or alkaline urine, can be used as alternate medication with either mandelic acid or the sulfonamide drugs. The usual dose is 0.1 gram (1½ grains) three times a day. Mandelic Acid preparations require an acid urine to exert their bactericidal action whereas the sulfonamide drugs are preferably used in alkaline urines.

**Try Serenium — at our expense . . .** Many thousands of physicians have tried Serenium and found it helpful. We believe that a trial will convince you of its merits and that you will prescribe it often. Why not let us send you a trial package. All you have to do is send us the coupon below with your professional card or letterhead. Mail the coupon—now.

\* Serenium is a trade-mark of E. R. Squibb & Sons.

**E-R-Squibb & Sons**  
Manufacturing Chemists to the  
Medical Profession Since 1858  
**NEW YORK**

E. R. SQUIBB & SONS,  
Professional Service Dept.,  
743 Fifth Avenue, New York, N. Y.

ME3-41

Gentlemen: Attached hereto is my professional card or letterhead. Please send me, without obligation, literature and sample of Serenium.

Name.....  
Street.....  
City.....State.....

ing of a variety of "liberal" causes.

Meanwhile, critics and supporters both agree that the testing agencies wield a distinct influence. Their joint membership today is close to 165,000, and it appears to be growing.

#### SCIENTIFIC ACCURACY

A vigorous dispute has long raged over whether or not CU and CR print scientifically acceptable judgments. On several occasions the two agencies have reported directly contradictory findings. CR, for example, has rated a brand of Scotch whisky and a trade-name toothbrush as "Not Recommended" while CU classified each as a "Best Buy."

The validity of their judgments has also been assailed on the grounds that neither organization is large enough or wealthy enough to do scientifically accurate testing, considering the number and variety of

products reported upon. (Full-time staffs of each agency number about 50; technical consultants about 200.) Unfortunately, this criticism can not be evaluated without knowledge of the testing procedures and of the detailed budgets of each organization.

The evidence seems to indicate that many of CR and CU's technical judgments are scientifically acceptable. Sometimes they have been caught in undeniable error, and quite frequently their opinions are open to dispute among experts. But taken comprehensively, their verdicts are likely to have a basis in fact.

A good deal of their general advice to subscribers is unexceptionable. The dangers of indiscriminate self-medication, the need for cultivating an analytical attitude toward matters of health—these and similar themes properly belong on the credit side of the ledger. And at least a modicum of truth lies in the claim that their toxicity warnings have been of value.

#### COCKSURE ZEALOTS?

Oddly enough, the same dogmatic or cocksure qualities which the testing agencies attribute to some physicians can be detected in many of their own pages. The concept of a testing agency presupposes a careful and precise attitude; yet often the approach is one of an inflamed St. George furiously carving dragons.

Another incongruity is that certain testing agencies are at the same

#### ELECTRIC-SHINGLE SWITCH:

It's wasteful to keep an electric shingle lit all night long. Especially so because a sign which has been forgotten one evening will probably burn unnoticed until the next.

A leading mail order house now markets an automatic light-control switch which is ideal for a physician's sign. Sold to farmers for use in provoking maximum egg production from hens, this combined clock and switch can be set so that it will turn lights off and on at any time desired. It is both inexpensive and easily installed, and can readily be readjusted as the sunset hour changes.—R.K.H., M.D.

## An Oral Free Iodine — efficient in every iodine indication

### BURNHAM SOLUBLE IODINE

**B.S.I. common dosages:** Adolescent goiter—up to 10 drops daily;

Prophylaxis—10 drops weekly; colds, arthritis, arteriosclerosis, allergies—average 15-25 drops t.i.d. in water before meals. Sample upon request.

BURNHAM SOLUBLE IODINE CO. • Auburndale, Boston, Mass.

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## For Reducing High Blood Pressure

and relieving associated symptoms of headache and dizziness, you will find ALLIMIN Concentrated Garlic-Parsley Tablets a valuable aid.

CLINICAL TESTS WITH ALLIMIN have demonstrated an average reduction of 12.3 mm. Hg. systolic and 6.5 mm. Hg. diastolic blood pressure over a medication period of 40 days, the greatest reduction occurring in those cases in which initial blood pressure readings were highest. In almost all cases there was marked relief from headaches and dizziness.

THE HYPOTENSIVE EFFICACY of ALLIMIN has recently received pharmacological confirmation. In experiments using cats as test animals it was found that intraperitoneal injection of ALLIMIN produced an average reduction of 27.2 mm. Hg. systolic pressure in 30 minutes.

FREE FROM HARMFUL DRUGS, ALLIMIN produces no undesirable side- or after-effects and may therefore safely be prescribed where prolonged medication is indicated.

*For professional sample of ALLIMIN and covering literature, sign and mail coupon to*

**VAN PATTEN PHARMACEUTICAL CO.**

Dept. M.E.

**54 West Illinois Street, Chicago**

Gentlemen: Please send professional sample of ALLIMIN and literature.

M.D.

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# Sedation or Hypnosis Easily Governed by Dosage

Bromidia, containing chloral hydrate, potassium bromide, and extract of hyoscyamus, provides any degree of sedation or hypnosis that may be required. In one-half to one teaspoonful doses, it exerts a relaxing and calming influence. In one to two teaspoonful doses, it induces sleep which is refreshing and restful. Any intermediate degree of action may readily be secured through regulation of dosage, hence maximum therapeutic benefit is easily obtained. Bromidia is indicated in anxiety states, emotional upheavals, hysteria, menopausal emotional instability, and whenever sleeplessness must be overcome. Sample and literature sent on request.

**BATTLE & CO.**

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**BROMIDIA**  
(BATTLE)

time product analysts and pressure groups. Consumers Union subscribers, for example, must therefore reconcile the idea of impartial ratings of products and services with CU's impassioned espousal of co-operative medicine.

The danger inherent in this duality springs from the influence it is likely to have on unalert subscribers. Too few will be conscious of the faint line that divides testing from propaganda.

—F. H. ROWSOME, JR.

[EDITORS' NOTE: The second half of this article, to follow, will show how consumer activities of the co-operatives, of the women's clubs, and of the government are affecting medicine.]

## When buying life insurance

[Continued from page 73]

Understand that these values on the identical form of insurance in two companies may vary considerably during the first twenty years the policy is in effect. Witness the differences in the cash values of \$10,000 worth of ordinary life bought at age 30, as quoted by two companies last month:

	Com- pany A	Com- pany B
Annual premium	\$243.80	\$228.50
Cash values after 1 yr.	—	4.90
" " " 2 yrs.	10.00	163.10
" " " 3 yrs.	210.00	324.50
" " " 4 yrs.	320.00	439.20
" " " 5 yrs.	444.00	557.30
" " " 10 yrs.	1,080.00	1,201.00
" " " 20 yrs.	2,760.00	2,760.20

Company A, it is evident, would give you only \$10 if you dropped your policy after two years; while Company B would give you \$163.10. Likewise, Company A would guarantee you \$121 less if you bor-

grew your savings or dropped the contract after the tenth year.

The cash values of all ordinary life policies, regardless of company, are practically identical after the twentieth year.

#### DISABILITY INCOME

Many professional men apparently believe that the once-common disability income clause of life insurance can no longer be purchased. This is not true. Disability coverage is still available from a limited number of companies.

It is offered most frequently now in the ratio of \$5 monthly income to each \$1,000 of insurance, the benefit being collectible for disabilities which begin before the age of fifty-five and have been continuous for at least six months. It can also be had in the ratio of \$10 monthly income to each \$1,000 of life insurance, payable after four months and effective to age sixty.

The great advantage of this form of coverage is that the sickness indemnity as well as the accident indemnity is payable *for life*—not just for a year or so. As protection against the particular financial hazard of illness, its value is difficult to overestimate.

#### CONTINGENT BENEFICIARIES

Have you given thought to the wisdom of having a contingent beneficiary? It's worth thinking about.

Suppose you're married and have no children. In your policy you have designated your wife as your sole beneficiary. You and she die as the result of an automobile accident. It is established that she survived you by a minute or a week. At the instant of your death the proceeds of your policy become her property. At her death, a minute or a

## THE VALUE TO YOU OF

# PATTERSON X-RAY SCREEN RESEARCH



THE FOUNDING of The Patterson Screen Company 28 years ago was due to the successful culmination of a research project . . . the

long quest for a satisfactory fluoroscopic screen chemical.

With the growth of the science of radiography, Patterson has carried on a constantly broadening program of research and development, in the world's largest laboratory entirely devoted to this field.

As a result of this research effort Patterson has made available to the profession many notable achievements, including—the first stable fluoroscopic screen without lag, the first grainless intensifying screen, the first cleanable intensifying screen, and others.

Equally important to the X-ray field has been the dependable uniformity of Patterson screens and their conformity to those self imposed high standards which have made them outstanding the world over.

The company's extensive laboratory facilities and highly trained personnel make possible the detailed analysis of every chemical ingredient before it is accepted for production. During manufacture, too, laboratory control is never relaxed, so that the finished screen is as nearly perfect as modern scientific methods permit.

THE PATTERSON SCREEN COMPANY  
Towanda, Pa., U. S. A.

week later, her family becomes the beneficiary—to the complete exclusion of, say, your dependent mother or your younger brother or sister.

For the average family man, a beneficiary clause of the following type is recommended:

"... to Mary Doe, my wife; otherwise equally to any children born of my marriage to said Mary Doe, survivors or survivor; if none survive, then to my parents, John and Ann Doe, equally or survivor."

A few companies will not accept the phraseology "any children born of my marriage to . . ." for the reason that it imposes upon the company after the death of the policyholder the necessity of proving the number of surviving chil-



**CABINET SPACE:** When I remodeled my office, a clothes closet remained as waste space. Luckily, I struck upon an economical use for it.

The closet now houses my five-foot instrument cabinet. In the beginning, the space was too big for the cabinet, almost two feet being left above it. This I had a carpenter close off with small double doors to match those of the cabinet compartments below. Back of these doors a couple of shelves were installed for storage space. To enhance the exterior effect of a built-in cabinet (it is flush with the wall, of course) I had the whole facade enclosed in a frame of narrow moulding.—J. L. KUBRICK, M.D., New York City.

dren. To avoid this complication it may be required that children be named specifically and not as a group.

#### THE PREMIUM WAIVER

If a crippling accident overtakes you, or if you fall victim to a chronic illness in middle life, will all future premiums on your policy be waived, the contract remaining in force for its full amount? This will be your happy position (financially speaking) if your policy includes the so-called premium waiver clause.

The cost of the clause is slight. All companies issue it. The majority require six months of continuous total disability before the clause becomes operative; they also require total loss of earning ability in *any* field of work. By shopping around, you can even get a clause which becomes operative after four months' disability and requires only a 75 per cent loss of earnings.

#### DOUBLE INDEMNITY

The question is often asked: What is the value of the so-called double indemnity clause for accidental death?

The answer is that when an insurance company can safely take as little as one or two dollars extra yearly premium and, after deducting the usual overhead expenses, pay your beneficiary an extra \$1,000, it is obviously assuming a great risk. [Turn the page]

#### RENWAL No. 18\*

\* Size 7½ x 3½ x 3'

Sold by Every  
Surgical Supply House  
in the U. S. A.

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#### PORCELAIN Electric STERILIZER. \$9.75

Simple, sturdy, smart, safe—and not expensive.  
Enjoys the highest professional endorsement.  
It performs so well that one doctor tells another!

Also a Smaller Size (No. 6) at \$6.50  
And a Larger Size (No. 9) at \$18.50



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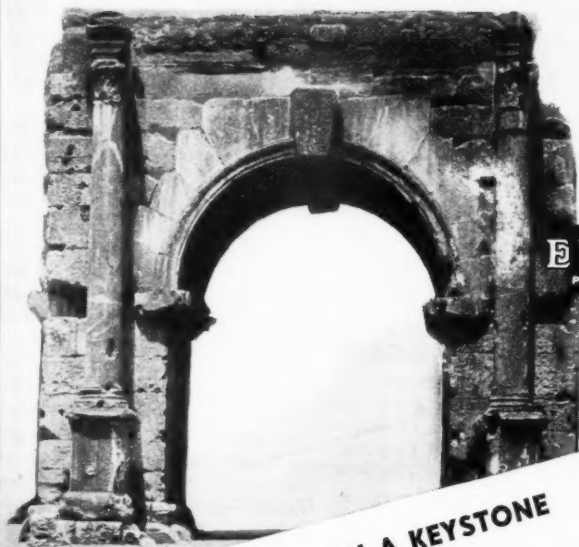
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**ENDO**  
PRODUCTS

## IT TAKES MORE THAN A KEYSTONE TO MAKE AN ARCH

It is equally evident from clinical reports that the several factors of the vitamin B Complex are essential to optimal results in deficiency states, even though one factor seems to be specially needed. MANIBEE-ENDO offers a means for parenteral injection of the B Complex with the advantages of more rapid improvement, more certainty of absorption, easier administration of large doses and better management by direct supervision.

*Write for literature*

# MANIBEE - ENDO

VITAMIN B COMPLEX PARENTERAL

**ENDO PRODUCTS, Inc.**  
Richmond Hill New York

The frequency of accidental death claims entered against life insurance companies by men in the white-collar class is, in fact, infinitesimal. If something like a thousand-to-one shot appeals to your gambling instinct—then double indemnity is your horse.

#### DIVIDENDS AND INTEREST

What about those much touted things called "dividends"?

Actually, there are no such things as dividends; for a dividend is primarily the refund of an initial overcharge.

The recent history of dividends has been a disappointing one. If your policy pays none, don't feel that your judgment was necessarily bad in selecting it. At least you have not experienced a rising cost in your insurance—via the reducing dividend route—as have the owners of dividend-paying contracts.

Whether you buy life insurance with or without dividends, you are destined to pay more for it now and in the future, because the companies that pay no dividends have raised their rates three times in the past five years (to new insurance buyers only, of course), and the

dividend-paying companies are going to pay lower dividends for years to come than they have in the past. This is an inevitable result of their reduced investment return.

While on the subject of dividends and interest, here are several questions which, if answered satisfactorily, will mean actual savings in money:

1. One of the appeals of the dividend-paying policy is the right you have to leave the dividend with the company at interest, thus building a savings account available on demand. Does the policy you contemplate guarantee that the dividends will accumulate at  $2\frac{1}{2}$  or 3 per cent?

2. The trend today is toward leaving the proceeds of policies to beneficiaries as monthly income instead of in a lump sum. These proceeds, of course, earn interest. The higher it is, the longer will the proceeds pay a fixed income. Some companies today are guaranteeing only  $2\frac{1}{2}$  per cent; others, 3 per cent. Is yours one of the latter?

3. Circumstances in the future may possibly make it advisable for you to stop paying premiums and

# HEPVISC

- REDUCES BLOOD PRESSURE
  - RELIEVES THE SYMPTOMS
- Sample and Formula on Request*

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 75 Varick St., New York, N. Y.

For the  
EYES



## OPHTHALMIC SOLUTION NO.

Sol. Oxycyanide of Hg. & Zinc  $\frac{1}{2}$  oz.

1. As an antiseptic Collyrium.
2. Chronic Catarrh of elderly people with marked reddening of conjunctiva, with or without secretion.
3. Diplo bacillus conjunctivitis.
4. Following eye injuries.
5. To relieve irritation caused by wind, dust and bright lights.

*Free trial samples sent on request.*

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## CONTROL

When it is desired to restore nature's balance by administered control of physiological reactions, Phospho-Soda (Fleet) is valued. A saline laxative combining Sodium Biphosphate and alkaline Sodium Phosphate in stable solution, Phospho-Soda (Fleet) is distinguished by a desirable amphoteric buffer effect and by prompt and thorough but very gentle laxative action . . . with a marked absence of intestinal disturbances.

We should like you to become acquainted with the merits of Phospho-Soda (Fleet) through usage, as have physicians of exacting requirements during the past fifty years. Your inquiry for samples is invited.

# PHOSPHO-SODA FLEET

**C. B. FLEET COMPANY, INC., Lynchburg, Virginia**

## ARTHRITIS CHRONIC RHEUMATISM

are considered by many authorities to be induced or aggravated by mineral deficiency, and toxemia due to metabolic waste.

### → LYXANTHINE ASTIER

supplies sulphur, iodine, calcium, and the powerful eliminant, lysidin bitartrate.

It is to be given per os. Reduces pain and swelling. Improves motility.

Write for sample and literature.

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**Royalchrome**  
DISTINCTIVE FURNITURE

Soft-cushioned and smart-looking Royalchrome has a tremendous appeal—it radiates confidence and warmth. Besides, Royalchrome is long-wearing, retains its brilliance for years—is easy to keep clean. Offered in 30 colors of Tuf-Tex upholstery. Royalchrome quality is built in, not photographed on.

Write for 84-page catalog in color

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**Royal**  
METAL FURNITURE SINCE 1917

take a paid-up policy. In that event, will you continue to participate in the earnings of the company? Some concerns pay dividends on paid-up policies; others do not. The advantage of the former is evident.

4. Life insurance rates are predicated on the assumption that the cash value—technically called the reserve—will earn a fixed rate of interest. The higher the assumed rate of interest, the lower will be your premium. A few companies guarantee  $3\frac{1}{2}$  per cent; the majority, 3 per cent. Which is it in your case?

5. How soon after you purchase your policy will it begin to pay dividends? Some companies disburse dividends after one year; others, after two years. It is not to be concluded, of course, that over a span of years the company with the first-year dividend will necessarily show a lower average cost. Its real advantage is that if you are forced to lapse your policy after a year or so, you will at least have salvaged something. A shockingly large percentage of life insurance is dropped within two years from the time it was issued.

## Just published

### BOOKS

**SOCIAL WORK YEAR BOOK, 1941.** edited by Russell H. Kurtz. An encyclopedia of current activities in social work and related fields. (Russell Sage Foundation, \$3.25)

**A PERSONAL INVENTORY.** A series of tests for estimating one's adjustment to the physical, cultural, vocational, and other aspects of life. (Better Living Foundation, \$1.50)

## THE SURGE OF NEW VIGOR



For patients whose chronic fatigue, poor appetite, and nervous debility are associated with some gonadal deficiency, as well as for convalescents, the value of a gonadal tonic has achieved extensive clinical demonstration.

The imperative necessity of employing exclusive formulae for male or female patients has been recognized by Reed & Carnrick in the formulation of Tonicine, Male or Female—in which, in each fluid dram, the purified extract representing 5 grains of fresh ovary, or 25 grains of fresh testicle, respectively, is reinforced by the energizing and stimulating action of strychnin sulphate (1/200 gr.) and sodium glycerophosphate (1 gr.).

To help stimulate the nerve centers, increase metabolism, and improve appetite, prescribe Tonicine, Male or Female—the palatable gonadal tonic and reconstructive.

Marketed in bottles of 8 oz. and 1 gal.

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# TONICINE

## MALE OR FEMALE

# Prescribe Comforting Glyco-Thymoline FOR COLDS AND SORE THROATS

*because*

By its soothing and cleansing action on the irritated mucous membranes, Glyco-Thymoline helps to lessen the accompanying discomfort.

Glyco-Thymoline is a mild, alkaline preparation for oral mucous membrane prophylaxis. It helps to loosen and dissolve mucous secretions, and promote a vigorous condition of the membranes.

*Test Sample  
on Request*



**SUCCESSFULLY USED  
FOR OVER 40 YEARS**

**KRESS & OWEN COMPANY  
361-363 Pearl Street, New York**

# THE NEWSVANE

## Promote Drafted M.D.

Being a physician helped Dr. Ogden D. Pinkerton of Honolulu to become the first selective service trainee to obtain a commission. Inducted in December as a private, Dr. Pinkerton was jumped to the rank of first lieutenant on the recommendation of a board of medical examiners.

## Brinkley goes Broke

Dr. John R. Brinkley, once reported to have a \$30,000 weekly income from his celebrated goat-gland rejuvenation operations, recently was adjudged a bankrupt in Federal District Court in Texas. For a time, Dr. Brinkley performed seventy-five goat-gland operations a week at his Milford (Kan.) hospital.

## Navy Exams on May 12

Examinations for appointments as commissioned officers in the medical department of the U.S. Navy will be held at all large naval hospitals on May 12, 1941, the surgeon general has announced. Detailed information is given in a special bulletin which may be obtained from the Bureau of Medicine and Surgery, Navy Department, Washington, D.C.

## Sees World Epidemic

Spread of influenza from the United States to Europe where half of the population will be stricken, is predicted by Dr. David Smith, Duke University bacteriologist.

Dr. Smith said in a recent interview that the disease will increase in virulence in its eastward passage and

will strike Europe when the people are least able to resist it. He declared it might well become "arbiter of the war."

During the last pandemic in 1918-19, there were 10,000,000 deaths from 200,000,000 cases. In six months in the United States there were 20,000,000 cases and 450,000 deaths.

## Army Interneships

Young doctors would serve part of their internships in military hospitals instead of at civilian institutions under a plan suggested by U.S. Senator Homer T. Bone. The Senator seeks to provide additional medical services in army camps, and feels that his plan would help accomplish this.

## Best Minds in Big Heads

Large skulls and low cheekbones are marks of superior minds, according to Dr. Ales Hrdlicka, Curator of Physical Anthropology at the Smithsonian Institution. His conclusions are based on a study of 150 members of the National Academy of Sciences.

Dark hair was another characteristic common to most academy members, but Dr. Hrdlicka is unable to account for the scarcity of blonds and red heads among these men of science. The fact that more than 50 per cent of the academy members had low cheekbones, as compared to 36 per cent among Americans of similar ancestry, is easier for him to explain. He says:

"The general reduction of these parts constitutes one of the most obvious changes in modern man under the agencies of civilization. It is the

result of the diminished facial stresses due to lesser use of the chewing organs."

The bigger and broader skulls simply indicate larger brains, according to Dr. Hrdlicka, who adds that persons of superior intellect probably have thinner than average skulls. He found no proof of the belief that sloping foreheads indicate mental mediocrity. Also lacking was proof of any connection between physical inferiority and mental greatness.

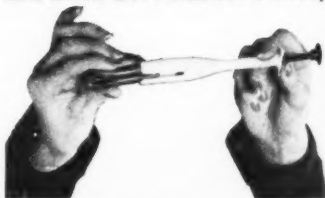
## Opposes Draft Deferments

Blanket deferment of medical students from compulsory military training is opposed by Major Guiton Morgan, executive assistant in the Selective Service System, who declared in a radio address that such a procedure would be "undesirable and unwise."

Major Morgan said only a few of those who set out to become doctors ever complete the necessary post-graduate and specialized work. He added that blanket deferment of this group while in the student or training stage would mean relieving a large number of men from the obligation of military service on the supposition that they eventually will become scientifically and technically skilled, whereas "only a relatively small number will progress to the point where their peculiar knowledge and training justifies placing them in any such special category."

## Now EVERY Doctor Can Fit a Pessary with the use of Bach Pessalator and Bach Soft Rubber Pessary

- No complicated system of sizes.
- Easy, accurate placement possible by use of Pessalator. Small in size—no metal in rim.
- Pessalator made of special plastic, pessary of treated rubber, formed on precision molds.
- Price: Pessalator and Pessary \$1.50 each. Samples (limited) 60% discount.



*Instruction circular on request*

Distributed by THE SANITUBE COMPANY

NEWPORT, R. I.

## Britain Healthy in War

Expected epidemics have not materialized in Britain despite unsanitary air raid shelters and other hardships of war, according to health reports current at this writing.

After months of bombing, Britons are said to be healthier than they were before the outbreak of hostilities. Last year the case total for five of the most prevalent contagious diseases was only 171,000, a reduction of 44,000 from the number reported in pre-war 1938. Scarlet fever cases were reduced from 100,000 in 1938 to 63,000 in 1940. There were fewer than 3,000 dysentery cases in 1940; in 1938 there were 4,000.

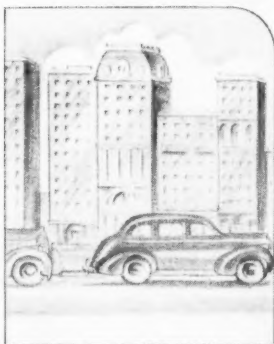
## Health Plans Approved

Seven group health plans have been certified by the Group Health Federation of America as the first step in that organization's accrediting program.

The plans approved are: Greenbelt Health Association, Greenbelt, Md.; Group Health Association, Washington, D.C.; Wage Earners Health Association, St. Louis; Civic Medical Center, Chicago; Farmers Union Co-operative Hospital Association, Elk City, Okla.; Ross-Loos Medical Group, Los Angeles, and Trinity Hospital, Little Rock, Ark.

The federation does not propose to standardize fees and types of service.

# MAIN STREET..... PARK AVENUE



## HYPERACIDITY - CONSTIPATION KNOW NO CLASS DISTINCTIONS

As a reliable source of antacid therapy and gentle laxation, Phillips' Milk of Magnesia has served the medical profession for over 60 years.

It exerts a prolonged antacid effect, since it is only sparingly soluble. As a laxative, it is gentle and non-irritating.

Palatable, too, and in convenient dosage forms:

**PHILLIPS' MILK OF MAGNESIA (LIQUID)**

**PHILLIPS' MILK OF MAGNESIA TABLETS**

Each tablet equivalent to a teaspoonful of the liquid.

### DOSAGE:

As an antacid: 2 to 4 teaspoonfuls (2 to 4 tablets).

As a gentle laxative: 4 to 8 teaspoonfuls.

We will send you a sample on request.

**PHILLIPS'**  
**Milk of Magnesia**

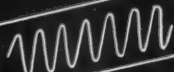


Prepared only by THE CHAS. H. PHILLIPS CHEMICAL CO., New York, N.Y.

# An ELECTRO-SURGICAL UNIT

with

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JUST THIS  
(Tube-Generated)



NOT  
JUST THIS  
(Spark-Gap)



But  
with **THESE 3**  
facilities!..

There are on the  
**BIRTCHER**  
ELECTRO-SURGICAL  
UNIT

**3**  
INDIVIDUAL  
CONTROL  
PEDALS



- 1 One for a tube-generated current for smooth, effortless cutting.
- 2 One for spark-gap current for controlled coagulation.
- 3 A third pedal allows use of both facilities concurrently, with the intensity of each individually controlled!

All three in one superb Birtcher unit!

Ask your surgical dealer or write for information

The *Birtcher*



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LOS ANGELES, CALIF.

according to Dr. Kingsley Roberts, its chairman. Dr. Roberts, who is also head of the Bureau of Cooperative Medicine, adds that "no plan will be accredited unless it has the facilities and medical staff necessary to serve its subscribers well."

## Refugees in Australia

Sixteen districts in West Australia are reported without doctors through lack of an effective system of replacing practitioners who enter military service. To remedy the situation, legislation has been enacted which permits qualified alien M.D.'s to practice medicine in rural areas that need physicians.

Cooperation of United States government officials and medical men is expected to prevent such a condition arising in connection with America's national defense program.

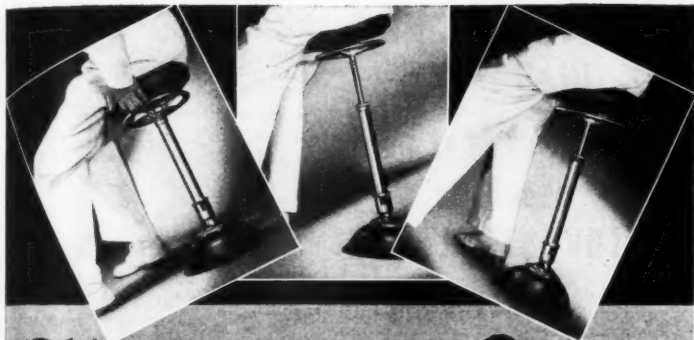
## WPA Hospital Course

Fifty thousand persons will be trained as hospital ward attendants, orderlies, and aides by the WPA within the next year. It is believed thousands of lives could be saved by this elementary nursing service in case of an influenza epidemic such as the country experienced during the last war.

## Medical Relief Payoff

Private practitioners receive only about 2½ cents of every dollar of public funds spent for medical relief in Wayne County (Mich.), according to a survey completed by the county medical society there.

Of a recent annual appropriation amounting to over sixteen million dollars, 3.7 per cent was allocated to practicing physicians. Making deductions for services which are no longer authorized, the society found this figure to be 1.1 per cent too high according to present allocation of funds. If voluntary services of doc-



# Flexibility - Plus!

## The Ritter Stool That Offers New Efficiency . . . New Conveniences

Tilt it to the side . . . to the back . . . to left or right . . . for the Ritter Model "MC" Stool offers unusual freedom in performing operations . . . making examinations and in giving treatments.

The tilting device, operating on a ball and socket principle, permits tilting to an angle of 20 degrees without danger of over-extension of the practitioner's body. Convenient release ring, located beneath the aerated cushion seat, permits finger-tip adjustment to any desired height within a range of 23½ to 30½ inches from the floor.

Model "MA" Stool



Similar in design, with the exception of the tilting device, is the Ritter Model "MA" Stool. Its height may be graduated from 19½ to 26½ inches from the floor. Finished in chrome plate with black enamel base.

Literature sent on request.

Available only through recognized surgical supply houses.

**Ritter Equipment Co., Inc.**

Ritter Park

Rochester, N. Y.

## Warning!

### Collection agency claims should be INVESTIGATED

Beware of credit or collection agency representatives who claim that their companies are "endorsed" or "recommended" by MEDICAL ECONOMICS.

According to reports from several physicians, representatives of at least two nation-wide collection agencies have recently made false statements of this character to convince doctors of the merits of their service.

MEDICAL ECONOMICS never directly endorses any individual credit or collection service. Needless to say, there are a number of reputable companies with commendable records in this type of work. But only in the sense that a few of the better services have advertised in MEDICAL ECONOMICS can it be said that this magazine has passed judgment on their merits. If an agent cannot produce tangible evidence that his company's advertising has been accepted (hence approved) by MEDICAL ECONOMICS, any so-called endorsement he refers to is probably a fraudulent misrepresentation.

tors in public hospitals were included in the total value of services rendered, the 2.6 cents would be even further cut.

The survey was undertaken to improve what the society refers to as "loose talk and innuendo which inferred that the medical profession was waxing wealthy at public expense."

### Tropical Health Center

Ambitious plans to make Puerto Rico a center for the study of tropical medical problems were revealed in the recent announcement that Columbia University has established a new division of public health at the University of Puerto Rico's School of Tropical Medicine. Funds granted to Puerto Rico under the national social security act will be used to finance the new department.

### Harvard Dental School

Proposed opening of a new School of Dental Medicine at Harvard University in September of this year is discussed at length by President James B. Conant in his annual report to the Board of Overseers of the University.

Dr. Conant explained the project was evolved by the Faculty of Medicine, which included several members of the Dental School, and was adopted in 1939. Last year, through

## FOR SCABIES

*Wyeth's*

### SULFUR FOAM Applicators

Carry pure sulfur to every pore and recess of the skin

**NO GREASE—NO MESS**

Supplied in boxes of 3 applicators  
Clinical supply free on request

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## SAINT URSULA SLEEPING

*Detail from painting by V. Carpaccio*

**T**HE peaceful, calm aspects of sleep have appealed to the brushes of many of the world's greatest painters. To produce this condition in the nervous, psychotic or insomniac patient has appealed to some of the greatest minds of Medicine. Chemistry has brought the physician an effective, reliable agent which enables him to allay the excitement of the mind, and calm such patients into quiet, restful sleep.

## PENTABROMIDES

(MERRELL)

This balanced bromide prescription is an exceptionally palatable syrup containing 15 grains of bromide salts per fluidram. Each fluidounce contains:

Sodium bromide.....	64 grs.
Potassium bromide.....	20 grs.
Ammonium bromide.....	20 grs.
Calcium bromide.....	12 grs.
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*Write for sample and literature*

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# "FILM DEFENSE"

## in the management of THE COMMON COLD

**S**INCE the mucous film bathing the nasal passages appears to lose its normal protective sterility during the congestive stage of a cold, an adequate interim substitute should be enlisted. *Astringency alone is not enough!*

The medicated oily spray and inhalant 'Pineoleum,' has been prescribed for over thirty years, to provide a soothing "film defense." Its classic formula fills the requirements for astringency and local sedation, for mucosal stimulation, and, by mild antiseptics, for the inhibition of bacterial invasion.

**Formula:** 'Pineoleum' incorporates camphor (.50%), menthol (.50%), eucalyptus (.56%), pine needle oil (1.00%), and oil of cassia (.07%) in a base of doubly-refined liquid petrolatum — plain or with ephedrine (.50%).

**Use coupon for trial supply**

# PINEOLEUM

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**PLAIN OR WITH EPHEDRINE**

THE PINEOLEUM COMPANY  
6 Bridge Street, New York, N. Y.

Please send me a full size trade package of 'Pineoleum' gratis for clinical trial.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

gifts of the Carnegie Corporation, the Rockefeller Foundation, and the Markle Foundation, the money was raised to launch it.

Students in the new school will also be students in the Medical School, and specialists in dentistry will receive both the M.D. and D.M.D. degrees at the end of their five-year course.

"The purpose of the new Dental School is to accelerate the rate at which the dental profession is mastering the diseases of the teeth," Conant said. "Research in dentistry has lagged behind that in medicine. At the present time only about 20 per cent of the population receives dental attention. And the 70,000 or more dentists of the country who care for this 20 per cent could not adequately cope with a much larger proportion of the inhabitants of this nation. If the dental health of the country is to be improved to any large extent, therefore, one must either look forward to a tremendous increase in the number of dentists or to developing public health measures which would strike at the prevalence of dental disease by expanded knowledge of preventive methods.

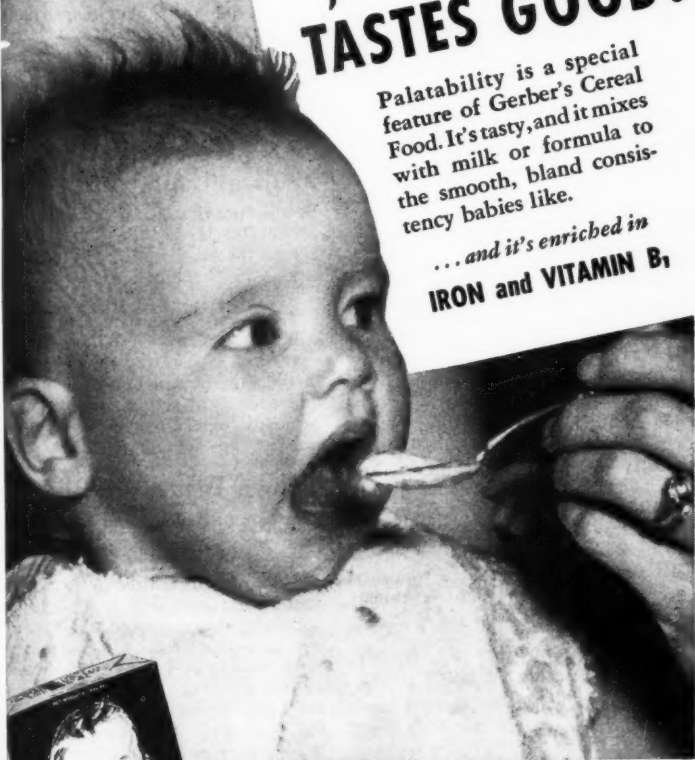
"To develop such knowledge requires years of painstaking and expensive research. It requires also the cooperation of medical men. No miracles may be expected in any enterprise in which increased emphasis on research is a major consideration, but when the labors of investigators in preventive medicine have yielded results in the past we know the benefits to mankind have been revolutionary. It is surely worth the effort of the profession to drive forward continuously toward a goal which, if approached, will bring uncountable rewards.

"It might be argued that universities, while waiting for the results of research, should train another one

# Yes! Gerber's Cereal Food TASTES GOOD!

Palatability is a special feature of Gerber's Cereal Food. It's tasty, and it mixes with milk or formula to the smooth, bland consistency babies like.

...and it's enriched in  
**IRON and VITAMIN B<sub>1</sub>**



GERBER PRODUCTS CO.,  
Dept. 223, Fremont, Michigan

Gentlemen:

You may send a sample of Gerber's Cereal Food together with a professional reference card to the following address:

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Be sure to send  
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hundred thousand dentists so that at least 50 per cent of the population might have adequate dental care. To state the figure, one hundred thousand, is to answer the argument. If we quadrupled the size of all our dental schools next Fall (in itself an impossible task) it would be 1955 or later before the requisite increase in the profession had taken place. And then, of course, the question would arise as to whether or not the country could afford to pay for its dental health on such a scale.

"Would our educational institutions, even if they were able to do so, be justified in attracting this large number of young men into a long and expensive training without assurance that our national economy would support them? The more one ponders the practical aspects of the entire situation, the more convinced one becomes that the best chance of improving the dental health of the country in the years ahead is to intensify the study of dental disease, of its causes, and of methods of prevention.

"In this direction alone there seems to be real promise of aid for the 80 per cent of our population who now receive inadequate dental treatment or no dental care of any sort."

## High Cost of Lunacy

Approximately 120,000 mental cases are admitted to U.S. hospitals every year, and over \$200,000,000 is spent annually in caring for more than 600,000 persons in such institutions, according to the United States Public Health Service.

Providing beds for these cases is

one of the major problems facing State authorities. It is estimated every admission costs the community \$7,000. Establishment of a department of mental hygiene in each State, and organization of a psychiatric clinic in every community which now has a health department, are two specific primary steps in a mental health program suggested by the Public Health Service.

## Medical Center for Detroit

Detroit physicians have raised over \$8,000,000 toward the \$100,000,000 needed for construction of a proposed new medical center in that city.

The center, which will be owned by the Detroit Board of Education, will consist of sixteen buildings. Five years will be required for completion of the project, but one hospital unit and a medical science building will be ready for use next Fall under the present construction schedule.

## Capper Insurance Bill

Adoption of Federal and State health insurance laws was advocated by U.S. Senator Arthur Capper of Kansas in a recent message to the American Association for Social Security.

Senator Capper said that except for unemployment, illness remains the greatest cause of poverty. He added that the rate at which young men are being rejected for military service is "ample testimony regarding the inadequacy of medical care in the United States."

Professor Herman A. Gray, presiding at the New York luncheon where Senator Capper's message was read, declared there is an ever in-

• WRITE FOR SAMPLE AND FORMULA

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ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 75 Varick St., New York, N. Y.

Treats  
Both  
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STYES

# Are you familiar with both functions of this bandage?

**ACE No. 10**  
**ADHESIVE and ELASTIC**



**B-D PRODUCTS**  
*Made for the Profession*

- 1. Uniform, Continued Pressure:** This is the commonly known field of use. Here the skin-tested Ace Adhesive mass keeps reactions down to a minimum, permitting the supportive bandage to be unchanged for longer periods.
- 2. Artificial Scab or Occlusive Dressing:** This field is important—but not so well known outside of industrial medicine. Properly used in treatment of burns and wounds it provides an artificial scab that protects delicate growing tissue, partly excludes air and promotes rapid epithelial growth.

In some instances, varicose ulcers for example, both functions cooperate.



**No. 1. Elastic without rubber and washable . . . Durable and long lasting . . . Cool, comfortable and effective.**



**No. 4. Skin-tone, preferred by women. Mercerized cotton—flat edges. Elastic without rubber and washable.**



**No. 8. For extra tension—with Lastex . . . Skin-tone with flat edges . . . Controlled stretch and washable.**



**No. 10. Elastic and Adhesive . . . Packed in sealed containers . . . Many new uses. Booklet on request.**

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# SUM RAY Lamp

*This  
attractive  
professional  
model  
only  
\$40.00*



**A New Principle  
in Infra-red  
Ray Therapy**

Its exclusive design filters out the irritating and useless non-penetrating rays. SUM RAY reflects 95% infra-red rays; gives deep penetration equal to mild diathermia; does not burn, blister or discolor skin—safe in continuous use for long treatment periods. Leading universities and many hospitals use the new SUM RAY. See it today at your surgical dealer or write to Sum Products Co., 14408 Grand River Ave., Detroit, Mich.

*From Scratch*  
**to MAJOR OPERATION**

**THE FIRST LINE  
OF DEFENSE IS**

# IODINE

For more than 60 years, IODINE has been the predominating choice of medical men the world over. Today, IODINE is still in the first line of defense against sepsis.

IODINE'S constant leadership throughout these many years has been due to three important qualities.

1. High Germicidal Value.
2. Low Toxicity.
3. Exceptional Penetrating Power.

For use at the operating table or in first aid cases, remember, you can **DEPEND ON IODINE.**

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120 BROADWAY NEW YORK, N.Y.

creasing need for compulsory health insurance "not only because the physical deterioration of the people grows worse, but because of the danger that in building our defenses we will lose sight of the needs of social progress."

## Declining Population

Population of the United States will decline approximately 4 per cent per generation if the present birth and death rates continue, according to preliminary census bureau figures. It is estimated that the white population will decrease at the rate of about 5 per cent per generation, and that the nonwhite population will increase about 7 per cent per generation.

## Dice Doctors Acquitted

Finding that one need not be a physician to advise movie stars to gaze on rolling dice for eye relaxation, a Los Angeles jury recently acquitted two California women of charges of practicing medicine without a license.

Hollywood celebrities, including Irene Rich, Billie Burke, and Aldous Huxley, testified in behalf of the defendants that eye exercises prescribed by the two women had proven highly beneficial. In addition to the galloping dominoes, the eyesight guardians advised watching Mexican jumping beans and other jittery objects.

## Workers Get Vitamins

Daily doses of vitamin tablets are supplied to employes of a Minneapolis machine shop to lessen the probability of seasonal illness slowing production of national defense equipment.

Plant officials said they believed the measure would help prevent the usual Winter epidemic of colds which ordinarily slows personnel efficiency. Cost is estimated at \$500 for 400 men for three months.

Every employe is each day given a folding paper cup bearing the print-

# For EPIDIDYMITIS

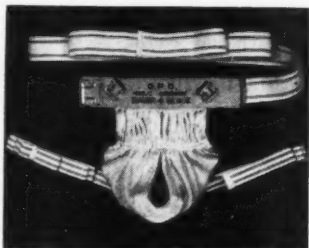
*medical authorities generally recommend*

## SUSPENSORY SUPPORT

Epididymitis, commonest of the diseases of the testicle, usually follows a posterior urethritis—between the 3rd and 8th week of gonorrhea. Avoidance of violent exercise and a well-fitting suspensory provide good protection against it.

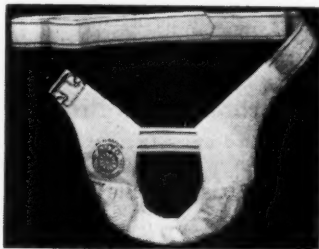
This abstract is typical of medical thought in the treatment of epididymitis. Anatomically correct, a Bauer & Black Suspensory gives pain relief to epididymitis sufferers—and sufferers of varicocele, orchitis, and scrotal injuries.

For your convenience in prescribing the correct suspensory for each individual patient, Bauer & Black has prepared an illustrated suspensory guide chart—available to doctors upon request. Bauer & Black Suspensories are carried by reliable druggists and surgical dealers everywhere.



**ANATOMICALLY CORRECT**

**O.P.C. No. 2.** Double strap style for heavy men or men who are unusually active. Adjustable elastic waistband and leg straps hold knitted pouch securely in place. Elastic binding around low-placed hole to avoid constriction. Four pouch sizes: small, medium, large, extra large.



**AUTO No. 16.** Single strap style for light men or men whose activities are not strenuous. Pouch: seamless, knitted of celanese and cotton, with elastic edges. Ample size opening, and self-conforming elastic frontpiece. Non-elastic adjustable waistband.

### **SUSPENSORY GUIDE**

*A convenient, simple guide to correct suspensory prescription. For your copy—address Bauer & Black, Dept. SS-4, 2500 South Dearborn Street, Chicago.*

**MAKERS OF Curity PRODUCTS**

**BAUER & BLACK**

*Suspensories*

**O. P. C.—AUTO—ARMY & NAVY**

ed notice that it contains a capsule "which may be taken internally to add essential vitamins to the diet." Attention-arresting health slogans are printed on the cups every day. Two examples of these are:

"If you can expand your chest at least two inches and hold your breath for seventy-five seconds, don't worry about your lungs."

"If you can walk to and from work, leave the car in the garage and you will both last longer."

## Bay State Readies Plan

Incorporation of a non-profit association to provide medical care for Massachusetts citizens is asked in a petition submitted to the Legislature of that State by a committee of the State medical society.

Payment of a nominal monthly fee would entitle subscribers to the services of physicians under contract to the corporation. Any M.D. in the State would be permitted to become affiliated with the organization, which would function under the supervision of the Commissioner of Insurance.

## Fibroblast Has Birthday

Trimmed every two days to prevent it from growing to unmanageable size, Dr. Alexis Carrel's famous fragment of embryonic chicken heart is still going strong after twenty-nine years.

It was on January 17, 1912, at the Rockefeller Institute that Dr. Carrel set out to prove that body tissues could be kept alive and flourishing away from the parent body. On the anniversary of the experiment Dr. Carrel revealed that the tissue is now

housed at the Lederle Laboratories.

Because of the hundreds of unsolicited letters of advice which swamped Dr. Carrel in the early days of the experiment, he and his associates have avoided publicity about it in recent years.

## Olson for State Medicine

Universal compulsory health insurance was recommended recently by Governor Culbert L. Olson of California in his first speech to the new Legislature. Governor Olson suggested that the State Department of Employment administer such a program.

## Medical-Aide Training

Free training for jobs as physicians' office assistants is being offered to the public under the WPA adult education program of the New York City Board of Education.

Although it was established to prepare high school or college graduates to serve as aides in the medical profession, the course is said to offer much useful information to others, particularly to housewives and practical nurses. It includes training in how to admit a patient, observation of common symptoms, taking temperatures, examination of patients, narcotics and their use, medical terminology, diets, and care of children and expectant mothers.

## No Dearth of Drugs

Essential drugs are available in this country in greater variety and quantity now than they were during the first World War, according to War Medicine. An article in that maga-



# KONSYL

## ... Promotes Peristalsis by Bulk and Lubrication

KONSYL—the original concentrated vegetable muciloid made from Plantago Ovata causes no leakage or irritation. Easy to take. Economical. Write for sample.

Serving Physicians Since 1885  
BURTON, PARSONS & COMPANY, WASHINGTON, D. C.

# Tompkins Portable ROTARY COMPRESSOR



The Improved Tompkins Portable Rotary Compressor embodies many excellent new features not procurable in any other portable suction and pressure unit.

New features include vibrationless spring suspended motor unit assuring smooth, noiseless operation; stainless steel base; hot water jacket for the ether bottle to prevent freezing; suction gauge and regulating valve; two way pressure by-pass valve which makes it possible to use either the spray tube or the ether bottle without disconnecting any parts.

No belts to stretch or break; no gears to strip; no friction drive to slip; no couplings to get out of alignment. Nothing to get out of order. Only care required is lubrication.

Write for descriptive circulars with apparatus illustrated in full colors.

Sold Only Through  
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Price Complete with Cover and Accessories **\$87.50**

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## Increased HEMOGLOBIN

A notable stimulator of hemoglobin synthesis and red cell formation. Small quantities of catalyzing copper assure maximal utilization of the superior iron. No gastric irritation; no staining of teeth. Tasteless . . . hence pleasantly taken in milk. Prescribe Copperin in—Anemia of Children, Pregnancy, Hypochromic Anemia, Chlorosis. Write for samples and literature, Dept. 2.

MYRON L. WALKER CO., INC.  
Mount Vernon, New York

HIGHER  
RED CELL  
COUNT



•• **COPPERIN** ••

zine states that the American drug industry is no longer dependent upon Europe, and that it is well prepared to supply necessary medicinal chemicals.

## School Hours Reduced

Proceeding on the theory that students need time for independent study and reflection, the University of Michigan Medical School has reduced the number of hours prescribed for didactic courses, clinics, and laboratory sciences. School authorities made the change after deciding that heavy curriculum requirements tended to curb initiative.

## Giving Doctors a Break

Self-styled specialists, meddling legislators, and exponents of group health plans are taken to task by Dr. Floyd Burrows in a fifteen-page pamphlet released by the public relations bureau of the Medical Society of the State of New York.

Entitled "Give the Doctor a Break," the booklet is available in quantity at a nominal price, and can be obtained with the name of any medical society imprinted on the cover.

## Fight VD Self-Treatment

Elimination of self-treatment of venereal disease is sought through a campaign now being conducted in Cali-

fornia by the State Department of Health.

Health officials throughout the country are keeping tabs on the campaign, which already has brought hundreds of patients under proper medical care. Of 968 druggists in Los Angeles and nearby communities, only four refused to cooperate with the health department. Druggists are asked not to sell venereal disease remedies without a physician's prescription.

## Auto Accident Tax

Special taxes will be collected from Oregon motorists to pay hospitals for care of needy victims of automobile accidents, if a proposed law is enacted by the legislature of that State. The bill provides for taxing automobile drivers an additional 50 cents every two years when they obtain their licenses, the money to be placed in a special fund.

## Color Markings for Gas

Color markings for anesthetic gas cylinders have been accepted by the American Society of Anesthetists, the American Hospital Association, the Compressed Gas Manufacturers Association, and other interested groups.

Color marking is provided for all medical gases and two mixtures commonly used for anesthesia. It is proposed to apply the markings, so as

## GLYKERON... a double-action antitussive

*because it is*

**1**

**MILDLY  
SEDATIVE**

**2**

**STRONGLY  
EXPECTORANT**



• It aids in breaking the vicious circle of coughs that are uselessly irritating or unproductive.

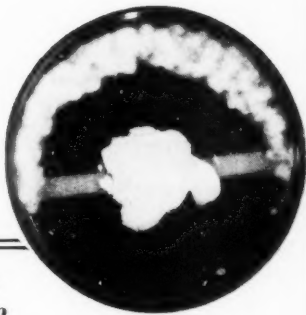
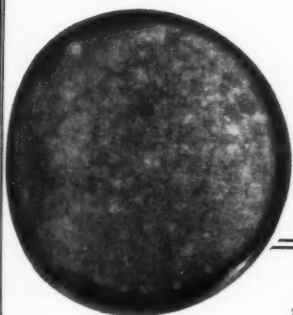
Dosage: For adults 1-2 teaspoonfuls every 2-3 hours or longer; children in proportion.

Supplied: In 4 oz., 16 oz., and half-gallon bottles.

May we send you valuable brochure?

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*in  
vitro*

- No bandaging
- Non-staining
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study showing evidence of  
Mazon's inhibitory action.



Physicians prescribe Mazon  
for the relief of externally  
caused:

ECZEMA	PSORIASIS
ALOPECIA	RINGWORM
DANDRUFF	ATHLETE'S FOOT
and other skin disorders	

- Anti-pruritic
- Anti-septic
- Anti-parasitic



*Samples and literature on request*

BELMONT LABORATORIES, INC.

PHILADELPHIA, PA.

to be clearly visible from above, to the shoulders of small cylinders used on anesthesia machines.

Copies of Simplified Practice Recommendation R176-41, which deals with these markings, may be obtained without charge from the Division of Simplified Practice, National Bureau of Standards, Washington, D.C.

## Florida After Quacks

Immediate investigation of quacks or those making fraudulent medical claims will be carried out under a recently adopted policy of the Florida State Board of Health. Four inspectors of the Bureau of Drugs and Narcotics of the State health board are now empowered to investigate, secure evidence, and bring to the attention of the proper officials all irregularities in healing practices. From now on, the bureau will also handle the annual registration of doctors.

## Syphilis Statistics

Southern States have the highest percentage of syphilitics among selective service candidates, according to a report made last month by the United States Public Health Service.

More than 5,000 cases of syphilis have been found in a preliminary tabulation of 120,000 blood tests and physical examinations of candidates from twenty-three States. State rates range from 7 to 114 per 1,000 men examined.

## New York Health Plan

Coordination of State public health activities with the national defense program was proposed by the New York State Health Commission in a recent report to Governor Lehman and the Legislature. Among the recommendations:

Perfection of a system whereby health and military authorities could

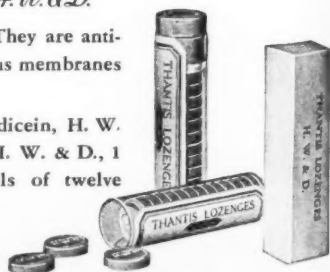
# Thantis Season

Wintry weather brings with it the usual prevalence of throat affections. Thantis Lozenges, H. W. & D., were developed for medical use in the treatment of throat soreness and irritation and following tonsillectomy. They dissolve slowly, permitting prolonged throat medication.

## Thantis Lozenges. H.W.&D.

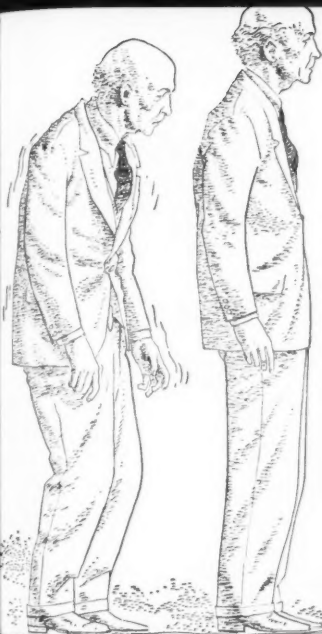
are convenient and economical. They are antiseptic and anesthetic for the mucous membranes of the throat and mouth.

Thantis Lozenges contain Merodicein, H. W. & D., 1/8 grain, and Saligenin, H. W. & D., 1 grain. They are supplied in vials of twelve lozenges each.



HYNISON, WESTCOTT & DUNNING, INC., Baltimore, Md.

to assure  
a more  
hopeful  
future  
for the  
Parkinsonian  
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THE response to 'Rabellon' therapy in Parkinson's disease and paralysis agitans is often prompt and dramatic. Many patients who have been unable to walk due to the failure of muscle co-ordination have regained sufficient muscle control following seven to ten days of treatment to enable them to walk unaided.

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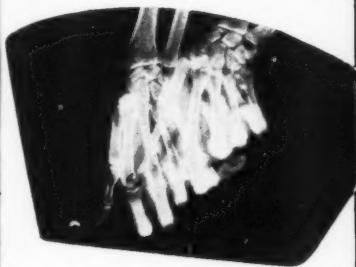
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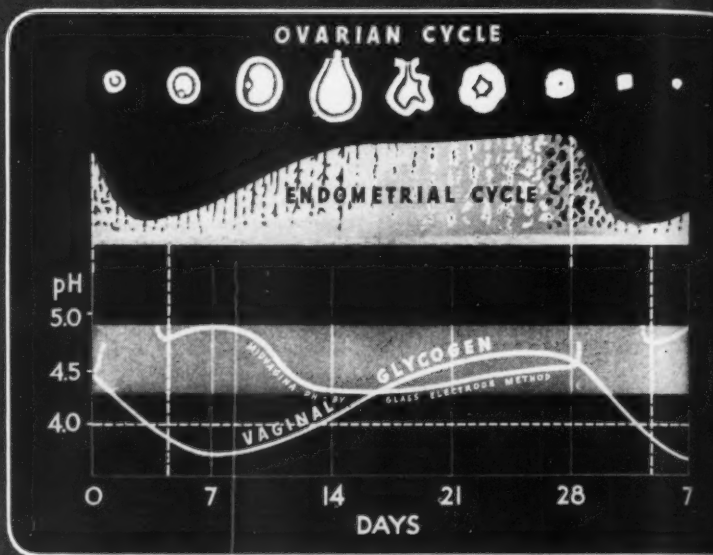
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